WASHINGTON HEALTH BENEFIT EXCHANGE

2018 Qualified Health Plan and Qualified Dental Plan Certification Requests
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SUMMARY OF INDIVIDUAL MARKET

**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

**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
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.
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, Asotin, Franklin, Walla Walla, Benton, Garfield, Whitman, Chelan, Grant, Kittitas, Columbia, Yakima

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

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

**Monthly Premium**
- $518

**Counties Offered:** (1) Klickitat

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**GOLD**

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

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

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

**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 |

#### PLAN SUMMARY

- **Plan Type:** EPO  
- **Deductible:** $0  
- **OOPM:** $7,000  
- **PCP co-pay:** $20  
- **Services before deductible:** No deductible

#### Monthly Premium  
$435 - $457

- **Counties Offered:** (2) Clark, Cowlitz

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**GOLD**

| Issuer: Kaiser Foundation of the Northwest |
| Name: KP WA Gold 1000/20 |

#### PLAN SUMMARY

- **Plan Type:** EPO  
- **Deductible:** $1,000  
- **OOPM:** $7,000  
- **PCP co-pay:** $20  
- **Services before deductible:** Not applicable

#### Monthly Premium  
$406 - $427

- **Counties Offered:** (2) Clark, Cowlitz

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**GOLD PLANS**

**GOLD**

**Issuer:** Kaiser Foundation of Washington  
**Name:** Flex Gold - 18

**PLAN SUMMARY**

**Plan Type:** HMO  
**Deductible:** $850  
**OOPM:** $5,000  
**PCP co-pay:** $10 copay after deductible  
**Services before deductible:** 5 copays prior to primary care deductible/coinsurance

**Monthly Premium**  
$406 - $453

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**GOLD**

**Issuer:** LifeWise  
**Name:** LifeWise Essential Gold EPO 1000

**PLAN SUMMARY**

**Plan Type:** EPO  
**Deductible:** $1,000  
**OOPM:** $6,000  
**PCP co-pay:** $30  
**Services before deductible:** 2 visits prior to primary care cost sharing begins

**Monthly Premium**  
$461 - $529

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

Counties Offered: (20) Adams, Asotin, Benton, Clallam, Clark, Columbia, Cowlitz, Franklin, Garfield, Grant, Jefferson, Kitsap, Okanogan, Pacific, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman
### Premera Blue Cross PersonalCare Gold Plan

- **Issuer:** Premera
- **Name:** Premera Blue Cross PersonalCare Gold

**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**

$606 - $621

- **Counties Offered:** (3) King, Pierce, Snohomish

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### Molina Marketplace Choice Gold Plan

- **Issuer:** Molina
- **Name:** Molina Marketplace Choice Gold

**Plan Summary**

- **Plan Type:** HMO
- **Deductible:** $3,800
- **OOPM:** $7,350
- **PCP co-pay:** $10
- **Services before deductible:** Yes

**Monthly Premium**

$439 - $505

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

<table>
<thead>
<tr>
<th>Issuer:</th>
<th>Premera</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Premera Blue Cross Preferred Gold</td>
</tr>
<tr>
<td></td>
<td>EPO 1500</td>
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**PLAN SUMMARY**

<table>
<thead>
<tr>
<th>Plan Type:</th>
<th>EPO</th>
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<tbody>
<tr>
<td>Deductible:</td>
<td>$1,500</td>
</tr>
<tr>
<td>OOPM:</td>
<td>$6,800</td>
</tr>
<tr>
<td>PCP co-pay:</td>
<td>$15</td>
</tr>
<tr>
<td>Services before deductible:</td>
<td>2 visits prior to primary care cost sharing begins</td>
</tr>
</tbody>
</table>

**Monthly Premium**

$571 - $636

SILVER PLANS

Issuer: BridgeSpan
Name: Silver HDHP 3000 Exchange
Plan Type: EPO
Deductible: $3,000
OOPM: $6,650
PCP co-pay: Not applicable
Services before deductible: No

Issuer: Coordinated Care
Name: Ambetter Balanced Care 1 (2018)
Plan Type: HMO
Deductible: $5,500
OOPM: $6,500
PCP co-pay: $30
Services before deductible: Yes
# SILVER PLANS

## PLAN SUMMARY

<table>
<thead>
<tr>
<th>Issuer: Coordinated Care</th>
<th>Name: Ambetter Balanced Care 2 (2018)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Type:</strong> HMO</td>
<td></td>
</tr>
<tr>
<td><strong>Deductible:</strong> $6,500</td>
<td></td>
</tr>
<tr>
<td><strong>OOPM:</strong> $6,500</td>
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<td><strong>PCP co-pay:</strong> $30</td>
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<td><strong>Services before deductible:</strong> Yes</td>
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## Monthly Premium

<table>
<thead>
<tr>
<th>CSRs funded:</th>
<th>CSRs non-funded:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$283-$309</td>
<td>$310-$339</td>
</tr>
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</table>

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

## PLAN SUMMARY

<table>
<thead>
<tr>
<th>Issuer: Coordinated Care</th>
<th>Name: Ambetter Balanced Care 10 (2018)</th>
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</thead>
<tbody>
<tr>
<td><strong>Plan Type:</strong> HMO</td>
<td></td>
</tr>
<tr>
<td><strong>Deductible:</strong> $5,000</td>
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<tr>
<td><strong>OOPM:</strong> $6,700</td>
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<tr>
<td><strong>PCP co-pay:</strong> $20</td>
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<td><strong>Services before deductible:</strong> Yes</td>
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## Monthly Premium

<table>
<thead>
<tr>
<th>CSRs funded:</th>
<th>CSRs non-funded:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$294-$321</td>
<td>$322-$352</td>
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</table>

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

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

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

**Monthly Premium**

- **CSRs funded:** $303-$331
- **CSRs non-funded:** $332-$363

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

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### SILVER PLAN SUMMARY

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

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

**Monthly Premium**

- **CSRs funded:** $274-$299
- **CSRs non-funded:** $300-$328

**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

**Issuer:** Coordinated Care

**Name:** Ambetter Balanced Care 1 (2018) + Vision

**Plan Type:** HMO

**Deductible:** $5,500

**OOPM:** $6,500

**PCP co-pay:** $30

**Services before deductible:** Yes

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**Monthly Premium**

<table>
<thead>
<tr>
<th>CSRs funded</th>
<th>CSRs non-funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>$292-$319</td>
<td>$319-$349</td>
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Counties Offered: (19) Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Jefferson, King, Kittitas, Lewis, Lincoln, Pierce, Spokane, Stevens, Snohomish, Thurston, Walla Walla, Yakima

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**Issuer:** Coordinated Care

**Name:** Ambetter Balanced Care 2 (2018) + Vision

**Plan Type:** HMO

**Deductible:** $6,500

**OOPM:** $6,500

**PCP co-pay:** $30

**Services before deductible:** Yes

---

**Monthly Premium**

<table>
<thead>
<tr>
<th>CSRs funded</th>
<th>CSRs non-funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>$287-$314</td>
<td>$314-$344</td>
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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

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

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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

**Plan Summary**

**Issuer:** Kaiser Foundation of the Northwest

**Name:** KP WA Silver 3500/30

**Plan Type:** EPO

**Deductible:** $3,500

**OOPM:** $7,350

**PCP co-pay:** $30

**Services before deductible:** Not applicable

---

**Plan Summary**

**Issuer:** Kaiser Foundation of the Northwest

**Name:** KP WA Silver 2500/30

**Plan Type:** EPO

**Deductible:** $2,500

**OOPM:** $7,350

**PCP co-pay:** $30

**Services before deductible:** Not applicable

---

**Monthly Premium**

<table>
<thead>
<tr>
<th>Issuer</th>
<th>Name</th>
<th>Plan Type</th>
<th>Deductible</th>
<th>OOPM</th>
<th>PCP co-pay</th>
<th>Services before deductible</th>
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<tbody>
<tr>
<td>Kaiser Foundation of the Northwest</td>
<td>KP WA Silver 3500/30</td>
<td>EPO</td>
<td>$3,500</td>
<td>$7,350</td>
<td>$30</td>
<td>Not applicable</td>
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**Monthly Premium**

<table>
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<tr>
<th>Issuer</th>
<th>Name</th>
<th>Plan Type</th>
<th>Deductible</th>
<th>OOPM</th>
<th>PCP co-pay</th>
<th>Services before deductible</th>
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<tr>
<td>Kaiser Foundation of the Northwest</td>
<td>KP WA Silver 2500/30</td>
<td>EPO</td>
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**SILVER PLANS**

**SILVER**

<table>
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<tr>
<th>Offered</th>
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<tbody>
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<td>Counties Offered: (19) Benton, Columbia, Franklin, Island, King, Kittitas, Kitsap, Lewis, Mason, Pierce, Spokane, Skagit, Snohomish, San Juan, Thurston, Whatcom, Walla Walla, Whitman, Yakima</td>
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</table>

**Issuer:** Kaiser Foundation of Washington

**Name:** Flex Silver - 18

**PLAN SUMMARY**

- **Plan Type:** HMO
- **Deductible:** $1,750
- **OOPM:** $6,850
- **PCP co-pay:** $20 after deductible
- **Services before deductible:** 4 copays prior to primary care deductible/coinsurance

**Monthly Premium**

- **CSRs funded:** $333-$371
- **CSRs non-funded:** $403-$450

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**SILVER**

<table>
<thead>
<tr>
<th>Offered</th>
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<td>Counties Offered: (19) Benton, Columbia, Franklin, Island, King, Kittitas, Kitsap, Lewis, Mason, Pierce, Spokane, Skagit, Snohomish, San Juan, Thurston, Whatcom, Walla Walla, Whitman, Yakima</td>
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</table>

**Issuer:** Kaiser Foundation of Washington

**Name:** VisitsPlus Silver HD - 18

**PLAN SUMMARY**

- **Plan Type:** HMO
- **Deductible:** $7,150
- **OOPM:** $7,150
- **PCP co-pay:** $30
- **Services before deductible:** No

**Monthly Premium**

- **CSRs funded:** $328-$366
- **CSRs non-funded:** $407-$453
Plan Summary
Issuer: LifeWise
Name: LifeWise Essential Silver EPO 4000
Plan Type: EPO
Deductible: $4,000
OOPM: $7,350
PCP co-pay: $30
Services before deductible: 2 visits prior to primary care cost sharing begins

Monthly Premium
CSR funded: $354-$406
CSR non-funded: $405-$464

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

Plan Summary
Issuer: LifeWise
Name: LifeWise Essential Silver EPO HSA 3000
Plan Type: EPO
Deductible: $3,000
OOPM: $6,600
PCP co-pay: Not applicable
Services before deductible: No

Monthly Premium
CSR funded: $367-$421
CSR non-funded: $423-$485

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

**SILVER PLAN SUMMARY**

**Issuer:** Molina  
**Name:** Molina Marketplace Choice Silver  
**Plan Type:** HMO  
**Deductible:** $4,950 medical; $400 drug  
**OOPM:** $7,350  
**PCP co-pay:** $30  
**Services before deductible:** Yes

**Monthly Premium**

- **CSRs funded:** $324-$373  
- **CSRs non-funded:** $362-$416

**Counties Offered:** (3) King, Pierce, Snohomish

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**SILVER PLAN SUMMARY**

**Issuer:** Premera  
**Name:** Premera Blue Cross PersonalCare Silver  
**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

**Monthly Premium**

- **CSRs funded:** $469-$481  
- **CSRs non-funded:** $517-$529

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

Issuer: Premera
Name: Premera Blue Cross Preferred
Silver EPO 4500

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

Monthly Premium
CSRs funded: $442-$492
CSRs non-funded: $499-$556

BRONZE PLANS

Issuer: BridgeSpan
Name: Bronze HDHP 6000 Exchange EPO

RealValue

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

Monthly Premium
$326

Counties Offered: (1) Klickitat

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Issuer: Kaiser Foundation of the Northwest
Name: KP WA Bronze 5700/30% H.S.A.

Plan Type: EPO
Deductible: $5,700
OOPM: $6,550
PCP co-pay: 30% after deductible
Services before deductible: No

Monthly Premium
$268 - $281

Counties Offered: (2) Clark, Cowlitz
BRONZE PLANS

**PLAN SUMMARY**

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

- **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

**Monthly Premium**  
$278 - $292

**Counties Offered:** (2) Clark, Cowlitz

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**PLAN SUMMARY**

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

- **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

**Monthly Premium**  
$286 - $300

**Counties Offered:** (2) Clark, Cowlitz
**BRONZE PLANS**

**PLAN SUMMARY**

- **Issuer:** Kaiser Foundation of Washington
- **Name:** Bronze - 18
- **Plan Type:** HMO
- **Deductible:** $7,150
- **OOPM:** $7,150
- **PCP co-pay:** Not applicable
- **Services before deductible:** No

**Monthly Premium**

$264 - $295

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

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**Plan Summary**

- **Issuer:** Kaiser Foundation of Washington
- **Name:** Flex Bronze - 18
- **Plan Type:** HMO
- **Deductible:** $7,000
- **OOPM:** $7,150
- **PCP co-pay:** $40
- **Services before deductible:** 3 copays prior to primary care deductible/coinsurance

**Monthly Premium**

$271 - $303

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

**Issuer:** Kaiser Foundation of Washington  
**Name:** Core Bronze HSA - 18  
**Plan Type:** HMO  
**Deductible:** $5,500  
**OOPM:** $6,550  
**PCP co-pay:** Not applicable  
**Services before deductible:** No

**Monthly Premium**  
$273 - $304

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

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**Issuer:** LifeWise  
**Name:** LifeWise Essential Bronze EPO 6350  
**Plan Type:** EPO  
**Deductible:** $6,350  
**OOPM:** $7,350  
**PCP co-pay:** $50  
**Services before deductible:** No

**Monthly Premium**  
$312 - $357

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

### Premera Blue Cross Preferred

#### Bronze HSA EPO 5250

<table>
<thead>
<tr>
<th>Plan Type: EPO</th>
<th>Deductible: $5,250</th>
<th>OOPM: $6,600</th>
<th>PCP co-pay: Not applicable</th>
<th>Services before deductible: No</th>
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</table>

### Premera Blue Cross PersonalCare

#### Bronze

<table>
<thead>
<tr>
<th>Plan Type: EPO</th>
<th>Deductible: $6,350</th>
<th>OOPM: $7,350</th>
<th>PCP co-pay: $50</th>
<th>Services before deductible: No</th>
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### Monthly Premium

- **Premera Blue Cross Preferred Bronze HSA EPO 5250**
  - Offered: $392 - $436
  - Not Offered: $411 - $442

- **Premera Blue Cross PersonalCare Bronze**
  - Offered: $411 - $422
  - Not Offered: $411 - $422

**Counties Offered:**
- For Premera Blue Cross PersonalCare Bronze: King, Pierce, Snohomish
<table>
<thead>
<tr>
<th><strong>Issuer:</strong>  Premera</th>
<th><strong>Monthly Premium</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong> Premera Blue Cross Preferred</td>
<td><strong>$387 - $431</strong></td>
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**PLAN SUMMARY**

- **Plan Type:** EPO
- **Deductible:** $6,350
- **OOPM:** $7,350
- **PCP co-pay:** $50
- **Services before deductible:** No

**Issuer:** Kaiser Foundation of Washington  
**Name:** Core Basic Plus Catastrophic - 18  
**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

**Monthly Premium**  
$225 - $251

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

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**Issuer:** Kaiser Foundation of Northwest  
**Name:** KP WA Catastrophic 7350/0  
**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

**Monthly Premium**  
$280 - $294

- **Counties Offered:** Clark, Cowlitz
DENTAL PLANS

**Issuer:** Delta Dental

**Name:** Delta Dental Individual - Washington Kids Plan

**PLAN SUMMARY**

- **Plan Type:** Child-Only
- **Coverage:** High
- **Play Type:** PPO
- **Deductible:** $85
- **Annual Benefit Limit:** No
- **OOPM:** $350

**Monthly Premium**

- **Per Member:** $34.67

**Counties Offered:** (39) All

---

**Issuer:** Delta Dental

**Name:** Delta Dental Family - Essential Plus Plan

**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

**Monthly Premium**

- **Adult:** $41.41
- **Child:** $35.97

**Counties Offered:** (39) All
### DENTAL PLANS

#### Issuer: Dentegra
#### Name: Dentegra Dental PPO Family Basic Plan

**PLAN SUMMARY**
- **Plan Type:** Family
- **Coverage:** Low
- **Play Type:** PPO
- **Deductible:** $75
- **Annual Benefit Limit:** Adult: $1,000; Child: No
- **OOPM:** $350

#### Monthly Premium
- **Adult:** $27.82
- **Child:** $33.54

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

#### Issuer: LifeWise
#### Name: LifeWise Individual Pediatric Dental Plan

**PLAN SUMMARY**
- **Plan Type:** Child-Only
- **Coverage:** Low
- **Play Type:** PPO
- **Deductible:** $65
- **Annual Benefit Limit:** No
- **OOPM:** $350

#### Monthly Premium
- **Per Member:** $29.07

- **Counties Offered:** (20) Adams, Asotin, Benton, Clallam, Clark, Columbia, Cowlitz, Franklin, Garfield, Grant, Jefferson, Kitsap, Okanogan, Pacific, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman
## Premera Blue Cross Individual Pediatric Dental Plan

**Issuer:** Premera  
**Name:** Premera Blue Cross Individual Pediatric Dental Plan

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**Monthly Premium**  
Per Member: 
$29.85


## KP WA Pediatric Dental 100

**Issuer:** Kaiser Foundation of the Northwest  
**Name:** KP WA Pediatric Dental 100

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**Monthly Premium**  
Per Member: 
$27.54

Counties Offered: (2) Clark, Cowlitz
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
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
## Plans by county 2017 vs 2018

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## APPENDIX III (Cont’d)

**Plans by county 2017 vs 2018**

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