2020 Qualified Health Plan and Qualified Dental Plan Certification Packet

September 2019
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# SUMMARY OF INDIVIDUAL MARKET

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<th>62 Individual QHPs</th>
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<tr>
<td>9 Issuers</td>
<td>29 New</td>
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<tr>
<td>33 Renewals</td>
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**Gold**

<table>
<thead>
<tr>
<th>Gold</th>
<th>15 Plans</th>
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<tbody>
<tr>
<td>9 Issuers</td>
<td>6 New</td>
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<td>9 Renewals</td>
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**Silver**

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**Bronze**

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<th>26 Plans</th>
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<td>17 New</td>
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<td>9 Renewals</td>
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**Catastrophic**

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<th>4 Plans</th>
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<td>4 Issuers</td>
<td>2 New</td>
</tr>
<tr>
<td>2 Renewals</td>
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</table>
## SUMMARY OF DENTAL MARKET

### Family Dental
- 3 Issuers: 3 Individual QDPs
- 2 Low: 1 High
- 2 Renewals: 1 New

### Pediatric Dental
- 4 Issuers: 4 Individual QDPs
- 2 Low: 2 High
- 4 Renewals: 0 New
1. All counties have individual health and dental plan coverage.

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

3. 96% of Exchange consumers will have the choice of two or more issuers.

4. All issuers are offering a Bronze plan.
NUMBER OF ISSUERS BY COUNTY

2020

One Issuer:
Asotin, Clallam, Grays Harbor, Okanogan, Pacific, San Juan, Wahkiakum

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

Three Issuers:
Columbia, Kittitas, Klickitat, Lewis, Lincoln, Mason, Stevens, Yakima

Four Issuers:
Benton, Franklin, Kitsap, Snohomish, Walla Walla

Five Issuers:
Clark, King, Pierce, Spokane

2019

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

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

Three Issuers:
Benton, Clark, Columbia, Franklin, Stevens, Walla Walla

Four Issuers:
King, Pierce, Spokane, Thurston

Five Issuers:
Clark, King, Pierce, Spokane
RATING AREAS AND RATE INFORMATION

Area 1
One County: King

Area 2
Eight Counties: Cowlitz, Clallam, Grays Harbor, Jefferson, Lewis, Kitsap, Pacific, Wahkiakum

Area 3
Three Counties: Clark, Klickitat, Skamania

Area 4
Five Counties: Ferry, Lincoln, Pend Oreille, Spokane, Stevens

Area 5
Three Counties: Mason, Pierce, Thurston

Area 6
Four Counties: Benton, Franklin, Kittitas, Yakima

Area 7
Five Counties: Adams, Chelan, Douglas, Grant, Okanogan

Area 8
Five Counties: Island, San Juan, Skagit, Snohomish, Whatcom

Area 9
Five Counties: Asotin, Columbia, Garfield, Walla Walla, Whitman

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

Plan Name: Gold Essential 1200 Exchange EPO RealValue

Plan Type: EPO
Deductible: $1,200
OOPM: $8,150
Primary Care Visit: 20% coinsurance after deductible; 4 visits* at $30 copay
Specialist Visit: 20% coinsurance after deductible
Emergency Room Services: 20% coinsurance after deductible
Generic Drugs: $10 copay

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

BRIDGESPAN

Plan Name: Gold Essential 1200 Exchange EPO PeaceHealth

Plan Type: EPO
Deductible: $1,200
OOPM: $8,150
Primary Care Visit: 20% coinsurance after deductible; 4 visits* at $30 copay
Specialist Visit: 20% coinsurance after deductible
Emergency Room Services: 20% coinsurance after deductible
Generic Drugs: $10 copay

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

**Plan Name:** Gold Essential 1200 Exchange EPO MultiCare Connected Care

**Plan Type:** EPO

**Deductible:** $1,200

**OOPM:** $8,150

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

**Specialist Visit:** 20% coinsurance after deductible

**Emergency Room Services:** 20% coinsurance after deductible

**Generic Drugs:** $10 copay

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

**Premium:** $514 (Rating Area 5)

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**BRIDGESPAN**

**Plan Name:** Gold Essential 1200 Exchange EPO UW Medicine

**Plan Type:** EPO

**Deductible:** $1,200

**OOPM:** $8,150

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

**Specialist Visit:** 20% coinsurance after deductible

**Emergency Room Services:** 20% coinsurance after deductible

**Generic Drugs:** $10 copay

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

**Premium:** $511 (Rating Area 1)
GOLD PLANS

COORDINATED CARE

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

Plan Type: HMO

Deductible: $1,000 medical, $500 drug

OOPM: $6,350

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

Specialist Visit: 20% coinsurance after deductible

Emergency Room Services: $250 copay after deductible

Generic Drugs: $10 copay

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

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

COORDINATED CARE

Plan Name: Ambetter Secure Care 5 (2020)

Plan Type: HMO

Deductible: $1,250

OOPM: $5,900

Primary Care Visit: $15 copay

Specialist Visit: $35 copay

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: $15 copay

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

20 Counties: Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Pierce, Spokane, Stevens, Snohomish, Thurston, Walla Walla, Yakima
**KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST**

**Plan Name:** KP WA Gold 0/20

- **Plan Type:** EPO
- **Deductible:** No deductible
- **OOPM:** $7,500
- **Primary Care Visit:** $20 copay
- **Specialist Visit:** $40 copay
- **Emergency Room Services:** $350 copay
- **Generic Drugs:** $10 copay

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

**Location:** 2 Counties: Clark, Cowlitz

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**KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST**

**Plan Name:** KP WA Gold 1000/20

- **Plan Type:** EPO
- **Deductible:** $1,000
- **OOPM:** $7,500
- **Primary Care Visit:** $20 copay
- **Specialist Visit:** $40 copay
- **Emergency Room Services:** 30% coinsurance after deductible
- **Generic Drugs:** $10 copay

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

**Location:** 2 Counties: Clark, Cowlitz
GOLD PLANS

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Plan Name: Flex Gold - 20

Plan Type: HMO

Deductible: $1,150

OOPM: $6,500

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

Specialist Visit: $40 copay after deductible

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: $10 copay

LIFEWISE

Plan Name: LifeWise Essential Gold

Plan Type: EPO

Deductible: $1,000

OOPM: $6,600

Primary Care Visit: $30 copay

Specialist Visit: $60 copay

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

Generic Drugs: $10 copay
**GOLD PLANS**

**MOLINA**

**Plan Name:** Molina Choice Gold

**Plan Type:** HMO

**Deductible:** $2,925

**OOPM:** $6,000

**Primary Care Visit:** $10 copay

**Specialist Visit:** $50 copay

**Emergency Room Services:** 20% coinsurance after deductible

**Generic Drugs:** $10 copay

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**PACIFICSOURCE HEALTH PLANS**

**Plan Name:** Navigator Gold 1500

**Plan Type:** PPO

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

**OOPM:** $5,000

**Primary Care Visit:** $20 copay

**Specialist Visit:** $40 copay

**Emergency Room Services:** 20% coinsurance after deductible

**Generic Drugs:** $15 copay
**GOLD PLANS**

**PREMERA**

**Plan Name:** Premera Blue Cross Preferred Gold EPO 1500

**Plan Type:** EPO

**Deductible:** $1,500

**OOPM:** $6,800

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

**Specialist Visit:** $45 copay

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

**Generic Drugs:** $10 copay

---

**PREMERA**

**Plan Name:** Premera Blue Cross Preferred Gold EPO 1000

**Plan Type:** EPO

**Deductible:** $1,000

**OOPM:** $6,000

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

**Specialist Visit:** $40 copay

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

**Generic Drugs:** $10 copay
PROVIDENCE

Plan Name:  Columbia 1500 Gold

Plan Type:  EPO

Deductible:  $1,500

OOPM:  $6,000

Primary Care Visit:  $45 copay

Specialist Visit:  $65 copay

Emergency Room Services:  $250 copay after deductible

Generic Drugs:  $10 copay

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

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

BRIDGESPAN

Plan Name: Silver HDHP 3500 Exchange EPO RealValue

Plan Type: EPO

Deductible: $3,500

OOPM: $6,900

Primary Care Visit: 20% coinsurance after the deductible

Specialist Visit: 20% coinsurance after the deductible

Emergency Room Services: 20% coinsurance after the deductible

Generic Drugs: 20% coinsurance after the deductible

Premium: $482 (Rating Area 3)

1 County: Klickitat

BRIDGESPAN

Plan Name: Silver HDHP 3500 Exchange EPO PeaceHealth

Plan Type: EPO

Deductible: $3,500

OOPM: $6,900

Primary Care Visit: 20% coinsurance after the deductible

Specialist Visit: 20% coinsurance after the deductible

Emergency Room Services: 20% coinsurance after the deductible

Generic Drugs: 20% coinsurance after the deductible

Premium: $492 (Rating Area 3)

1 County: Clark
**BRIDGESPAN**

**Plan Name:** Silver HDHP 3500 Exchange EPO MultiCare Connected Care

**Plan Type:** EPO

**Deductible:** $3,500

**OOPM:** $6,900

**Primary Care Visit:** 20% coinsurance after the deductible

**Specialist Visit:** 20% coinsurance after the deductible

**Emergency Room Services:** 20% coinsurance after the deductible

**Generic Drugs:** 20% coinsurance after the deductible

1 County: Pierce

**Premium:** $441 (Rating Area 5)

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**BRIDGESPAN**

**Plan Name:** Silver HDHP 3500 Exchange EPO UW Medicine

**Plan Type:** EPO

**Deductible:** $3,500

**OOPM:** $6,900

**Primary Care Visit:** 20% coinsurance after the deductible

**Specialist Visit:** 20% coinsurance after the deductible

**Emergency Room Services:** 20% coinsurance after the deductible

**Generic Drugs:** 20% coinsurance after the deductible

1 County: King

**Premium:** $439 (Rating Area 1)
SILVER PLANS

COORDINATED CARE

Plan Name: Ambetter Balanced Care 1 (2020)

Plan Type: HMO

Deductible: $5,650

OOPM: $6,950

Primary Care Visit: $30 copay

Specialist Visit: $60 copay

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: $10 copay

Premium Range
Low: $350 (Rating Area 4)
High: $402 (Rating Area 7)

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

COORDINATED CARE

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

Plan Type: HMO

Deductible: $5,650

OOPM: $6,950

Primary Care Visit: $30 copay

Specialist Visit: $60 copay

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: $10 copay

Premium Range
Low: $354 (Rating Area 4)
High: $407 (Rating Area 7)

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

**Plan Name:**  Ambetter Balanced Care 2 (2020)

**Plan Type:** HMO

**Deductible:** $6,500

**OOPM:** $6,500

**Primary Care Visit:** $30 copay

**Specialist Visit:** $60 copay

**Emergency Room Services:** No charge after deductible

**Generic Drugs:** $15 copay

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**COORDINATED CARE**

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

**Plan Type:** HMO

**Deductible:** $6,500

**OOPM:** $6,500

**Primary Care Visit:** $30 copay

**Specialist Visit:** $60 copay

**Emergency Room Services:** No charge after deductible

**Generic Drugs:** $15 copay

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

Plan Name: Ambetter Balanced Care 3 (2020)

Plan Type: HMO
Deductible: $3,350
OOPM: $7,450
Primary Care Visit: $30 copay
Specialist Visit: $60 copay
Emergency Room Services: $600 copay with deductible
Generic Drugs: $25 copay

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

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

COORDINATED CARE

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

Plan Type: HMO
Deductible: $3,350
OOPM: $7,450
Primary Care Visit: $30 copay
Specialist Visit: $60 copay
Emergency Room Services: $600 copay with deductible
Generic Drugs: $25 copay

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

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

COORDINATED CARE

Plan Name: Ambetter Balanced Care 4 (2020)

Plan Type: HMO
Deductible: $7,050
OOPM: $7,050
Primary Care Visit: $30 copay
Specialist Visit: $60 copay
Emergency Room Services: No charge after deductible
Generic Drugs: $15 copay

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

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

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP WA Silver 3500/35

Plan Type: EPO
Deductible: $3,500
OOPM: $8,150
Primary Care Visit: $35 copay
Specialist Visit: $65 copay
Emergency Room Services: 30% coinsurance after deductible
Generic Drugs: $25 copay

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

2 Counties: Clark, Cowlitz
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP WA Silver 2500/35

Plan Type: EPO
Deductible: $2,500
OOPM: $8,150
Primary Care Visit: $35 copay
Specialist Visit: $65 copay
Emergency Room Services: 30% coinsurance after deductible
Generic Drugs: $25 copay

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

2 Counties: Clark, Cowlitz

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Plan Name: Flex Silver - 20

Plan Type: HMO
Deductible: $2,000
OOPM: $7,900
Primary Care Visit: 4 primary care visits at $20 copay; $20 copay after deductible
Specialist Visit: $45 copay after deductible
Emergency Room Services: 30% coinsurance after deductible
Generic Drugs: $10 copay

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

18 Counties: Benton, Columbia, Franklin, Island, King, Kittitas, Kitsap, Lewis, Mason, Pierce, Spokane, Skagit, Snohomish, Thurston, Whatcom, Walla Walla, Whitman, Yakima
### KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

**Plan Name:** VisitsPlus Silver HD - 20  

<table>
<thead>
<tr>
<th>Feature</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Plan Type:</strong></td>
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<tr>
<td><strong>Deductible:</strong></td>
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<td><strong>OOPM:</strong></td>
<td>$7,150</td>
</tr>
<tr>
<td><strong>Primary Care Visit:</strong></td>
<td>$30 copay</td>
</tr>
<tr>
<td><strong>Specialist Visit:</strong></td>
<td>$55 copay</td>
</tr>
<tr>
<td><strong>Emergency Room Services:</strong></td>
<td>No charge after deductible</td>
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<tr>
<td><strong>Generic Drugs:</strong></td>
<td>$12 copay</td>
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**Premium Range**  
- Low: $415 (Rating Area 1)  
- High: $478 (Rating Areas 2, 6, 8, 9)  

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

### LIFEWISE

**Plan Name:** LifeWise Essential Silver High Deductible  

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<td><strong>OOPM:</strong></td>
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<td><strong>Primary Care Visit:</strong></td>
<td>$30 copay</td>
</tr>
<tr>
<td><strong>Specialist Visit:</strong></td>
<td>$60 copay</td>
</tr>
<tr>
<td><strong>Emergency Room Services:</strong></td>
<td>$250 copay with deductible; 30% coinsurance after deductible</td>
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<tr>
<td><strong>Generic Drugs:</strong></td>
<td>$10 copay</td>
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**Premium Range**  
- Low: $412 (Rating Area 1)  
- High: $495 (Rating Areas 3)  

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

**Plan Name:** LifeWise Essential Silver Low Deductible

**Plan Type:** EPO  

**Deductible:** $2,500  

**OOPM:** $8,150  

**Primary Care Visit:** $30 copay  

**Specialist Visit:** $60 copay  

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

**Generic Drugs:** $20 copay  

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**MOLINA**

**Plan Name:** Molina Choice Silver  

**Plan Type:** HMO  

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

**OOPM:** $8,150  

**Primary Care Visit:** $25 copay  

**Specialist Visit:** $75 copay  

**Emergency Room Services:** 40% coinsurance after deductible  

**Generic Drugs:** $15 copay
PACIFICSOURCE HEALTH PLANS

Plan Name: Navigator Silver 5000

Plan Type: PPO
Deductible: $5,000
OOPM: $8,150
Primary Care Visit: $35 copay
Specialist Visit: $70 copay
Emergency Room Services: 30% coinsurance after deductible
Generic Drugs: 30% coinsurance after deductible

PREMERA

Plan Name: Premera Blue Cross Preferred Silver EPO 4500

Plan Type: EPO
Deductible: $4,500
OOPM: $7,350
Primary Care Visit: $30 copay; 2 free primary care visits
Specialist Visit: $60 copay
Emergency Room Services: $250 copay with deductible; 30% coinsurance after deductible
Generic Drugs: $30 copay

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

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

Plan Name: Columbia 4500 Silver

Plan Type: EPO

Deductible: $4,500

OOPM: $8,150

Primary Care Visit: $60 copay

Specialist Visit: $80 copay

Emergency Room Services: $250 copay after deductible

Generic Drugs: $20 copay

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

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

BRIDGESPAN

Plan Name: Bronze HDHP 6000 Exchange EPO RealValue

Plan Type: EPO

Deductible: $6,000

OOPM: $6,900

Primary Care Visit: 50% coinsurance after deductible

Specialist Visit: 50% coinsurance after deductible

Emergency Room Services: 50% coinsurance after deductible

Generic Drugs: 30% coinsurance after deductible

Premium: $342 (Rating Area 3)

1 County: Klickitat

BRIDGESPAN

Plan Name: Bronze HDHP 6000 Exchange EPO PeaceHealth

Plan Type: EPO

Deductible: $6,000

OOPM: $6,900

Primary Care Visit: 50% coinsurance after deductible

Specialist Visit: 50% coinsurance after deductible

Emergency Room Services: 50% coinsurance after deductible

Generic Drugs: 30% coinsurance after deductible

Premium: $348 (Rating Area 3)

1 County: Clark
BRONZE PLANS

BRIDGESPAN

Plan Name: Bronze HDHP 6000 Exchange EPO MultiCare Connected Care

Plan Type: EPO
Deductible: $6,000
OOPM: $6,900
Primary Care Visit: 50% coinsurance after deductible
Specialist Visit: 50% coinsurance after deductible
Emergency Room Services: 50% coinsurance after deductible
Generic Drugs: 30% coinsurance after deductible

Premium: $313 (Rating Area 5)

1 County: Pierce

BRIDGESPAN

Plan Name: Bronze HDHP 6000 Exchange EPO UW Medicine

Plan Type: EPO
Deductible: $6,000
OOPM: $6,900
Primary Care Visit: 50% coinsurance after deductible
Specialist Visit: 50% coinsurance after deductible
Emergency Room Services: 50% coinsurance after deductible
Generic Drugs: 30% coinsurance after deductible

Premium: $311 (Rating Area 1)

1 County: King
**BRIDGESPAN**

**Plan Name:** Bronze Essential 7500 Exchange EPO RealValue

**Plan Type:** EPO

**Deductible:** $7,500

**OOPM:** $8,150

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

**Specialist Visit:** 10% coinsurance after deductible

**Emergency Room Services:** 10% coinsurance after deductible

**Generic Drugs:** $15 copay

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

**Premium:** $333 (Rating Area 3)

**County:** Klickitat

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**BRIDGESPAN**

**Plan Name:** Bronze Essential 7500 Exchange EPO PeaceHealth

**Plan Type:** EPO

**Deductible:** $7,500

**OOPM:** $8,150

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

**Specialist Visit:** 10% coinsurance after deductible

**Emergency Room Services:** 10% coinsurance after deductible

**Generic Drugs:** $15 copay

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

**Premium:** $340 (Rating Area 3)

**County:** Clark
BRONZE PLANS

BRIDGESPAN

Plan Name: Bronze Essential 7500 Exchange EPO MultiCare Connected Care

Plan Type: EPO

Deductible: $7,500

OOPM: $8,150

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

Specialist Visit: 10% coinsurance after deductible

Emergency Room Services: 10% coinsurance after deductible

Generic Drugs: $15 copay

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

Premium: $305 (Rating Area 5)

BRIDGESPAN

Plan Name: Bronze Essential 7500 Exchange EPO UW Medicine

Plan Type: EPO

Deductible: $7,500

OOPM: $8,150

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

Specialist Visit: 10% coinsurance after deductible

Emergency Room Services: 10% coinsurance after deductible

Generic Drugs: $15 copay

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

Premium: $303 (Rating Area 1)
**BRONZE PLANS**

BRIDGESPAN

**Plan Name:** Bronze Care on Demand 8000 Exchange EPO RealValue

**Plan Type:** EPO

**Deductible:** $8,000

**OOPM:** $8,150

**Primary Care Visit:** 20% coinsurance after deductible

**Specialist Visit:** 20% coinsurance after deductible

**Emergency Room Services:** 20% coinsurance after deductible

**Generic Drugs:** $15 copay

Premium: $319 (Rating Area 3)

1 County: Klickitat

BRIDGESPAN

**Plan Name:** Bronze Care on Demand 8000 Exchange EPO PeaceHealth

**Plan Type:** EPO

**Deductible:** $8,000

**OOPM:** $8,150

**Primary Care Visit:** 20% coinsurance after deductible

**Specialist Visit:** 20% coinsurance after deductible

**Emergency Room Services:** 20% coinsurance after deductible

**Generic Drugs:** $15 copay

Premium: $325 (Rating Area 3)

1 County: Clark
BRONZE PLANS

BRIDGESPAN

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

Plan Type: EPO

Deductible: $8,000

OOPM: $8,150

Primary Care Visit: 20% coinsurance after deductible

Specialist Visit: 20% coinsurance after deductible

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: $15 copay

Premium: $291 (Rating Area 5)

County: Pierce

BRIDGESPAN

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

Plan Type: EPO

Deductible: $8,000

OOPM: $8,150

Primary Care Visit: 20% coinsurance after deductible

Specialist Visit: 20% coinsurance after deductible

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: $15 copay

Premium: $290 (Rating Area 1)

County: King
BRONZE PLANS

COORDINATED CARE

Plan Name: Ambetter Essential Care 2 (2020)

Plan Type: HMO

Deductible: $6,750
OOPM: $6,750

Primary Care Visit: No charge after deductible
Specialist Visit: No charge after deductible
Emergency Room Services: No charge after deductible
Generic Drugs: No charge after deductible

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

3 Counties: King, Pierce, Thurston

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

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

Plan Type: EPO

Deductible: $6,000
OOPM: $6,900

Primary Care Visit: 30% coinsurance after deductible
Specialist Visit: 30% coinsurance after deductible
Emergency Room Services: 30% coinsurance after deductible
Generic Drugs: $20 copay after deductible

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

2 Counties: Clark; Cowlitz
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP Bronze 6500/50

Plan Type: EPO
Deductible: $5,000
OOPM: $8,150
Primary Care Visit: $50 copay
Specialist Visit: 50% coinsurance after deductible
Emergency Room Services: 50% coinsurance after deductible
Generic Drugs: 50% coinsurance after deductible

Premium Range
Low: $338 (Rating Area 3)
High: $355 (Rating Area 2)

2 Counties: Clark; Cowlitz

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP WA Bronze 5000/50

Plan Type: EPO
Deductible: $5,000
OOPM: $8,150
Primary Care Visit: $50 copay
Specialist Visit: 35% coinsurance after deductible
Emergency Room Services: 35% coinsurance after deductible
Generic Drugs: $30 copay after deductible

Premium Range
Low: $354 (Rating Area 3)
High: $372 (Rating Area 2)

2 Counties: Clark; Cowlitz
**Kaiser Foundation Health Plan of Washington**

**Plan Name:** Core Bronze HSA – 20

- **Type:** HMO
- **Deductible:** $5,000
- **OOPM:** $6,750
- **Primary Care Visit:** 20% coinsurance after deductible
- **Specialist Visit:** 20% coinsurance after deductible
- **Emergency Room Services:** 20% coinsurance after deductible
- **Generic Drugs:** 20% coinsurance after deductible

**Premium Range**
- Low: $305 (Rating Area 1)
- High: $350 (Rating Areas 2, 6, 8, 9)

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

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**Plan Name:** Flex Bronze - 20

- **Type:** HMO
- **Deductible:** $5,500
- **OOPM:** $7,150
- **Primary Care:** 3 primary care visits at $40 copay; 20% coinsurance after deductible
- **Specialist Visit:** 20% coinsurance after deductible
- **Emergency Room Services:** 20% coinsurance after deductible
- **Generic Drugs:** $25 copay

**Premium Range**
- Low: $310 (Rating Area 1)
- High: $357 (Rating Areas 2, 6, 8, 9)

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

**LIFEWISE**

**Plan Name:** LifeWise Essential Bronze

- **Plan Type:** EPO
- **Deductible:** $6,350
- **OOPM:** $8,150
- **Primary Care Visit:** $30 copay
- **Specialist Visit:** 30% coinsurance after deductible
- **Emergency Room Services:** $250 copay with deductible; 30% coinsurance after deductible
- **Generic Drugs:** $20 copay

**Premium Range**
- **Low:** $307 (Rating Area 1)
- **High:** $369 (Rating Areas 3)

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

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**LIFEWISE**

**Plan Name:** LifeWise Essential Bronze HSA

- **Plan Type:** EPO
- **Deductible:** $5,000
- **OOPM:** $6,600
- **Primary Care Visit:** 30% coinsurance after deductible
- **Specialist Visit:** 30% coinsurance after deductible
- **Emergency Room Services:** 30% coinsurance after deductible
- **Generic Drugs:** 30% coinsurance after deductible

**Premium Range**
- **Low:** $311 (Rating Area 1)
- **High:** $373 (Rating Areas 3)

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

**MOLINA**

Plan Name: Core Care Bronze 1

<table>
<thead>
<tr>
<th>Feature</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Type</td>
<td>HMO</td>
</tr>
<tr>
<td>Deductible</td>
<td>$6,800</td>
</tr>
<tr>
<td>OOPM</td>
<td>$8,150</td>
</tr>
<tr>
<td>Primary Care Visit</td>
<td>$35 copay</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>$85 copay after deductible</td>
</tr>
<tr>
<td>Emergency Room Services</td>
<td>40% coinsurance after deductible</td>
</tr>
<tr>
<td>Generic Drugs</td>
<td>$32 copay</td>
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</tbody>
</table>

**PACIFICSOURCE HEALTH PLANS**

Plan Name: Navigator Bronze HSA 6750

<table>
<thead>
<tr>
<th>Feature</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Type</td>
<td>PPO</td>
</tr>
<tr>
<td>Deductible</td>
<td>$6,750</td>
</tr>
<tr>
<td>OOPM</td>
<td>$6,750</td>
</tr>
<tr>
<td>Primary Care Visit</td>
<td>No charge after deductible</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>No charge after deductible</td>
</tr>
<tr>
<td>Emergency Room Services</td>
<td>No charge after deductible</td>
</tr>
<tr>
<td>Generic Drugs</td>
<td>No charge after deductible</td>
</tr>
</tbody>
</table>

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

3 Counties: Clark, Pierce, Spokane
**PACIFICSOURCE HEALTH PLANS**

**Plan Name:** Navigator Bronze 7000

- **Plan Type:** PPO
- **Deductible:** $7,000
- **OOPM:** $8,150
- **Primary Care Visit:** $35 copay
- **Specialist Visit:** 40% coinsurance after deductible
- **Emergency Room Services:** 40% coinsurance after deductible
- **Generic Drugs:** 40% coinsurance after deductible

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

**3 Counties:** Clark, Pierce, Spokane

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**PREMERA**

**Plan Name:** Premera Blue Cross Preferred Bronze HSA EPO 5250

- **Plan Type:** EPO
- **Deductible:** $5,250
- **OOPM:** $6,700
- **Primary Care Visit:** 40% coinsurance after deductible
- **Specialist Visit:** 40% coinsurance after deductible
- **Emergency Room Services:** 40% coinsurance after deductible
- **Generic Drugs:** 40% coinsurance after deductible

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

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

**PREMERA**

Plan Name: Premera Blue Cross Preferred Bronze EPO 6350

Plan Type: EPO

**Deductible:** $6,350

**OOPM:** $7,850

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

**Specialist Visit:** 40% coinsurance after deductible

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

**Generic Drugs:** 40% coinsurance after deductible

**Premium Range**
Low: $378 (Rating Area 6)
High: $422 (Rating Area 3)

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

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**PROVIDENCE**

Plan Name: Columbia 8150 Bronze

Plan Type: EPO

**Deductible:** $8,150

**OOPM:** $8,150

**Primary Care Visit:** $70 copay

**Specialist Visit:** $100 copay

**Emergency Room Services:** No charge after deductible

**Generic Drugs:** $35 copay

**Premium Range**
Low: $348 (Rating Area 3)
High: $381 (Rating Area 4)

6 Counties: Clark, Benton, Franklin, Spokane Thurston, Walla Walla
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP WA Catastrophic 8150/0

Plan Type: EPO

Deductible: $8,150  
OOPM: $8,150

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

Specialist Visit: No charge after deductible

Emergency Room Services: No charge after deductible

Generic Drugs: No charge after deductible

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Plan Name: Core Basic Plus Catastrophic - 20

Plan Type: HMO

Deductible: $8,150  
OOPM: $8,150

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

Specialist Visit: No charge after deductible

Emergency Room Services: No charge after deductible

Generic Drugs: No charge after deductible

Premium Range
Low: $334 (Rating Area 3)
High: $351 (Rating Area 2)

Premium Range
Low: $249 (Rating Area 1)
High: $286 (Rating Area 2, 6, 8, 9)

2 Counties: Clark, Cowlitz

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

Plan Name: LifeWise Essential Catastrophic

Plan Type: EPO

Deductible: $8,150

OOPM: $8,150

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

Specialist Visit: No charge after deductible

Emergency Room Services: No charge after deductible

Generic Drugs: No charge after deductible

Premium Range
Low: $257 (Rating Area 1)
High: $309 (Rating Area 3)

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

PACIFICSOURCE HEALTH PLANS

Plan Name: Navigator Catastrophic

Plan Type: HMO

Deductible: $8,150

OOPM: $8,150

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

Specialist Visit: No charge after deductible

Emergency Room Services: No charge after deductible

Generic Drugs: No charge after deductible

Premium: $220 (Rating Area 3, 4, 5)

3 Counties: Clark, Pierce, Spokane
DELTA DENTAL

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

**Coverage:** High

**Plan Type:** PPO

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

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

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

**Dental Cleaning:** No charge

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

**X-rays:** No Charge


DENTEGRA DENTAL

**Plan Name:** Dentega Dental PPO Family Basic Plan

**Coverage:** Low

**Plan Type:** PPO

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

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

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

**Dental Cleaning:** No charge

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

**X-rays:** No Charge
### Plan Name: LifeWise Family Dental Plan

<table>
<thead>
<tr>
<th>Coverage: Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Type: EPO</td>
</tr>
<tr>
<td>Deductible: $65/child; $0/adult</td>
</tr>
<tr>
<td>Annual Benefit Limit: Unlimited</td>
</tr>
<tr>
<td>OOPM: $350/child; 700/2+ children</td>
</tr>
<tr>
<td>Dental Cleaning: No charge/adult; 10% coinsurance after deductible/child</td>
</tr>
<tr>
<td>Filling (Amalgam): 40% coinsurance after deductible/adult; 20% coinsurance after deductible/child</td>
</tr>
<tr>
<td>X-rays: 10% coinsurance after deductible; no charge for adult</td>
</tr>
</tbody>
</table>

#### Monthly Premium

- Prem-child: $28.77
- Prem-adult: $35.66

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

Plan Name: Delta Dental Individual – Washington Kids Plan

Coverage: High
Plan Type: PPO
Deductible: $85
Annual Benefit Limit: Unlimited
OOPM: $350/child; $700/2+ pediatric enrollees
Dental Cleaning: No charge
Filling (Amalgam): 30% coinsurance after deductible
X-rays: No Charge

KAISER FOUNDATION OF THE NORTHWEST

Plan Name: KP WA Pediatric Dental 100

Coverage: High
Plan Type: EPO
Deductible: $50
Annual Benefit Limit: Unlimited
OOPM: $350/child; 700/2+ children
Dental Cleaning: No charge
Filling (Amalgam): 20% coinsurance after deductible
X-rays: No Charge
LIFEWISE

Plan Name: LifeWise Individual Pediatric Dental Plan

Coverage: Low
Plan Type: PPO
Deductible: $65
Annual Benefit Limit: Unlimited
OOPM: $350/child; $700/2+ children
Dental Cleaning: 10% coinsurance after deductible
Filling (Amalgam): 20% coinsurance after deductible
X-rays: 10% coinsurance after deductible

PREMERA

Plan Name: Premera Blue Cross Individual Pediatric Dental Plan

Coverage: Low
Plan Type: PPO
Deductible: $65
Annual Benefit Limit: Unlimited
OOPM: $350/child; $700/2+ children
Dental Cleaning: 10% coinsurance after deductible
Filling (Amalgam): 20% coinsurance after deductible
X-rays: 10% coinsurance after deductible
All plans listed have met the 19 certification criteria.

**INDIVIDUAL MARKET**

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

**Coordinated Care**
- Ambetter Secure Care 1 (2020) with 3 Free PCP Visits
- Ambetter Secure Care 5 (2020)
- Ambetter Balanced Care 1 (2020)
- Ambetter Balanced Care 2 (2020)
- Ambetter Essential Care 2 (2020)

**Kaiser Foundation Health Plan of the Northwest**
- KP WA Gold 0/20
- KP WA Gold 1000/20
- KP WA Silver 3500/35
- WA Silver 2500/35
- Bronze 6500/50
- KP WA Bronze 6000/30% HSA
- KP WA Bronze 5000/50
- KP WA Catastrophic 8150/0

**Kaiser Foundation Health Plan of Washington**
- Flex Gold - 20 Flex
- Silver - 20
- visitsPlus Silver HD - 20 Flex
- Bronze - 20
- Core Bronze HSA - 20
- Core Basic Plus Catastrophic - 20

**INDIVIDUAL MARKET**

**LifeWise Health Plan of Washington**
- LifeWise Essential Gold
- LifeWise Essential Silver High Deductible
- LifeWise Essential Silver Low Deductible
- LifeWise Essential Bronze
- LifeWise Essential Bronze HSA
- LifeWise Essential Catastrophic

**Molina Healthcare of Washington**
- Molina Choice Gold
- Molina Choice Silver
- Core Care Bronze 1

**PacificSource Health Plans**
- Navigator Gold 1500
- Navigator Silver 5000
- Navigator Bronze HSA 6750
- Navigator Bronze 7000
- Navigator Catastrophic

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

**Providence**
- Columbia 1500 Gold
- Columbia 4500 Silver
- Columbia 8150 Bronze
All plans listed have met the 10 certification criteria.

**DENTAL**

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

**Dentegra**
Dentegra Dental PPO Family Basic Plan

**Kaiser Foundation Health Plan of the Northwest**
KP WA Pediatric Dental 100

**LifeWise Health Plan of Washington**
LifeWise Individual Pediatric Dental Plan
LifeWise Family Dental Plan

**Premera Blue Cross**
Premera Blue Cross Individual Pediatric Dental Plan