



# Washington Health Benefit Exchange

## Standard Plans Project

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## Executive Summary

The Washington Health Benefit Exchange (WAHBE) retained Wakely Consulting Group, LLC (Wakely) to develop standardized plan designs for plan year 2021 and to estimate the impact of introducing standardized plans on market premiums. Wakely's work involved evaluating recent (benefit years 2019 and 2020) individual plan offerings, measuring prevalence of benefit parameters, developing model standard plan designs for gold, silver and bronze plans, and estimating the premium impact of offering those model plan designs.

We designed one plan for the gold and silver metal tiers, two plans for the bronze metal tier, as well as plans for each silver cost-sharing variant (73%, 87%, and 94% actuarial values (AVs)). Wakely used an internal ACA pricing model for measuring the expected relative price difference between the current and model standard plans. The standard model allows a consistent basis to facilitate comparisons. We assumed that the standard silver plan would be the second-lowest cost silver plan in each county. We calibrated the Wakely ACA Pricing Model to utilization and service costs for the overall Washington individual ACA market.

Through this process, we estimated that enrollees in the current gold plans could see price changes ranging from a decrease of 3.4% to an increase of 8.1% by moving to the model standard plan from the existing plans. Those in silver plans could see price increases ranging from 2.0% to 7.2%. Those in bronze plans could see estimated price increases ranging from 0.2% to 3.7% by moving to the standard bronze plan, and changes ranging from decreases of 3.8% to 0.3% by moving to the standard bronze HSA plan from the existing plans. These rating impacts would directly affect unsubsidized enrollees. Subsidized enrollees would likely have their rate change offset by the change in the benchmark plan rate. These estimates reflect the estimated impact under the key assumptions outlined in this report. Different structures to standard plans and differences between pricing approaches between issuers are expected to result in pricing impacts different from what is shown in this report.

This paper includes the proposed standard plan designs, the analysis of the pricing impact, and key methods and assumptions used in the construction and analysis of the proposed standard plans.

## Model Standard Plan Designs

After reviewing the prevalence of current plans and cost-sharing structures, Wakely worked with WAHBE to develop model standard plan designs for discussion with stakeholders and to be subject to public comment. We expect to refine the plan designs based on stakeholder feedback and the release of the 2021 Federal Actuarial Value Calculator. Initial plans were developed to appeal to a wide variety of consumers. To the extent possible, there was a goal of having some higher value services be not subject to deductible. There was also direction to model a higher

actuarial value plan and a lower premium plan at the bronze level. The following chart presents the standard plan designs for the model gold, silver (non-CSR), and bronze plans.

### Proposed Standard Plans

Benefits	Standard Gold	Standard Silver	Standard Bronze	Standard Bronze (HSA)
Integrated	Yes	Yes	Yes	Yes
Deductible (\$)	\$500	\$2,000	\$6,000	\$6,250
MOOP (\$)	\$5,750	\$7,900	\$8,150	\$6,900
Emergency Room Services	\$400	\$750	40%	40%
Urgent Care	\$35	\$60	\$90	\$0
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$500 *	\$750 *	40%	40%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$15	\$25	\$30	40%
Specialist Visit	\$35	\$60	\$90	40%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$15	\$25	\$30	40%
Advanced Imaging (CT/PET Scans, MRIs)	\$300	30%	40%	40%
Speech Therapy	\$20	\$30	40%	40%
Occupational and Physical Therapy	\$20	\$30	40%	40%
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	\$15	\$30	\$30	40%
X-rays and Diagnostic Imaging	\$25	\$60	40%	40%
Skilled Nursing Facility	\$300	\$750	40%	40%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$300	\$500	40%	40%
Outpatient Surgery Physician/Surgical Services	\$50	\$100	40%	40%
Generics	\$10	\$20	\$25	\$0
Preferred Brand Drugs	\$55	\$65	\$70	40%
Non-Preferred Brand Drugs	\$90	\$150	40%	40%
Specialty Drugs (i.e. high-cost)	\$90	\$150	40% **	40%
Ambulance	\$375	\$375	40%	40%
Routine Eye Exam for Children	\$0	\$0	\$0	0%
All Other Benefits	20%	30%	40%	40%
Federal AV	81.31%	71.31%	64.31%	62.29%
Pricing Model AV	86.48%	76.35%	69.07%	65.05%

\* Limit of 5 copays per stay

\*\* Limit of \$300 per script

Shaded values in the tables indicate cost sharing that is not subject to the deductible.

The model standard plan designs will likely need to be modified to be applicable for the 2021 benefit year and beyond in order to remain within the actuarial value requirements as defined by Federal Actuarial Value Calculator (AVC) models in effect for the appropriate benefit year.

The Appendix includes comparisons of the proposed standard plans alongside all current 2020 plans in the Washington market. The Appendix also includes how the standard plans have changed since the report from September 18, 2019.

## CSR Plans

Wakely has also developed potential Cost Sharing Reduction (CSR) plans. Three CSR plans are required for each silver plan on the exchange. The AVs for each variation are targeted to be 73%, 87%, and 94% compared to a target of 70% for the standard silver. Although there are limits on the Maximum Out of Pocket amount (MOOP) for each CSR variation, there is significant leeway in which cost sharing items to reduce for each variation.

The following table shows the base silver plan with the three CSR variations so that readers can see the stepping down of various cost-sharing components.

For perspective, we provide the following examples of enrollees with incomes that would qualify for each level of CSR plan.

### **73% AV Variant (201%-250% FPL)**

- Single individual, 234% FPL
- Annual income: \$29,280
- Monthly income: \$2,440

### **87% AV Variant (151%-200% FPL)**

- Single individual, 192% FPL
- Annual income: \$23,931
- Monthly income: \$1,994

### **94% AV Variant (up to 150% FPL)**

- Single individual, 106% FPL (ineligible for WA Apple Health due to immigration status)
- Annual income: \$13,295
- Monthly income: \$1,108

**Silver Plan with CSR Variations**

Benefits	Standard Silver	Standard Silver 73% AV	Standard Silver 87% AV	Standard Silver 94% AV
Integrated	Yes	Yes	Yes	Yes
Deductible (\$)	\$2,000	\$1,800	\$850	\$150
MOOP (\$)	\$7,900	\$6,500	\$1,900	\$900
Emergency Room Services	\$750	\$700	\$375	\$150
Urgent Care	\$60	\$55	\$30	\$15
All Inpatient Hospital Services (inc. MH/SUD, Maternity) *	\$750	\$700	\$375	\$100
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$25	\$20	\$10	\$5
Specialist Visit	\$60	\$55	\$30	\$15
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$25	\$20	\$10	\$5
Advanced Imaging (CT/PET Scans, MRIs)	30%	30%	20%	15%
Speech Therapy	\$30	\$30	\$15	\$5
Occupational and Physical Therapy	\$30	\$30	\$15	\$5
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	\$30	\$30	\$15	\$5
X-rays and Diagnostic Imaging	\$60	\$55	\$30	\$15
Skilled Nursing Facility	\$750	\$700	\$375	\$100
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$500	\$475	\$250	\$100
Outpatient Surgery Physician/Surgical Services	\$100	\$90	\$50	\$25
Generics	\$20	\$17	\$10	\$3
Preferred Brand Drugs	\$65	\$65	\$30	\$15
Non-Preferred Brand Drugs	\$150	\$150	\$100	\$35
Specialty Drugs (i.e. high-cost)	\$150	\$150	\$100	\$35
Ambulance	\$375	\$325	\$175	\$75
Routine Eye Exam for Children	\$0	\$0	\$0	\$0
All Other Benefits	30%	30%	20%	15%
Federal AV	71.31%	73.93%	87.59%	94.50%
Pricing Model AV	76.35%	77.91%	89.21%	95.75%

\* Limit of 5 copays per stay

## Pricing Impact

This section presents comparisons of the model standard plan designs for the gold, silver, and bronze plans and the plan designs for the current plans in Washington. We also estimated the impact to premiums and federal subsidies associated with offering these standard plans.

Because the Federal AVC is intended to only measure whether a plan meets the requirements for the metal levels, we did not use the resulting actuarial values to estimate pricing impact. To estimate the impact on premiums and federal subsidies, Wakely utilized our internal ACA individual pricing model. The model was calibrated to estimate utilization and service costs in the Washington individual market and to develop the pricing AVs for each of the model plans and comparison of 2020 plans. This allowed us to do a comparison of relative differences between pricing AVs of the plans. Finally, we applied the relative differences between pricing AVs to existing plans' premiums for Essential Health Benefits (EHBs) and adjusted for any plan-specific non-EHBs. We used this approach to develop premium estimates for the model standard plans that would reflect existing issuers' utilizations and costs of care. Our results should be considered estimates, as actual issuer premiums may be different from our modeling. For this report, we concentrated on Rating Area 1 for the estimates including dollar impact to premiums for those carriers that offer plans in Rating Area 1. For the three carriers that do not offer plans in Rating Area 1, we used plans available in Rating Area 3 for comparison.

To calibrate the Wakely ACA Pricing Model to include Washington-specific data to the extent publicly available, we used utilization and service information from Washington issuers' 2020 URRT submissions. We first grouped the service lines in our model into the URRT categories. Using the URRT data, considering any differences in unit definitions, we developed adjustments for both utilization rates and service cost levels. We then further adjusted the model to match the aggregate 2020 PMPM amounts by category.

Because we calibrated our model to approximate the entire network and not each specific issuer, the pricing models of specific issuers may result in varying pricing AVs.

The following table shows the pricing AVs for the standard gold plan and the current gold plans based on Wakely's pricing model. The difference in the pricing AVs approximates the pricing impact of replacing the current plan with the standard plan design. A specific issuer's pricing model will likely produce different pricing AVs than those produced by the Wakely model. This is due to many reasons including the fact that we calibrated our model to approximate the entire market and not each specific issuer. Our comparisons of AVs for current and model standard plans were developed using one consistent model for all plans to isolate the relative difference in price between plans. Actual premium impacts associated with plan design changes will be



determined by an issuer’s pricing approach as well as the final standard plan designs required to meet the metal definitions.

**Actuarial Value Comparison for Standard Gold and Current Gold Plans**

Plan Name	Plan Pricing AV	Standard Plan Pricing AV	Difference
Navigator Gold 1500	89.9%	86.5%	-3.4%
Kaiser Northwest KP WA Gold 1000/20	81.6%	86.5%	4.9%
Kaiser Northwest KP WA Gold 0/20	88.4%	86.5%	-1.9%
LifeWise Essential Gold	79.7%	86.5%	6.8%
Columbia 1500 Gold	80.3%	86.5%	6.2%
Premera Blue Cross Preferred Gold EPO 1500	79.7%	86.5%	6.8%
Premera Blue Cross Preferred Gold EPO 1000	81.7%	86.5%	4.7%
Bridge Span Gold Essential 1200 Exchange EPO RealValue	78.4%	86.5%	8.1%
Bridge Span Gold Essential 1200 Exchange EPO PeaceHealth	78.4%	86.5%	8.1%
Bridge Span Gold Essential 1200 Exchange EPO MultiCare Connected Care	78.4%	86.5%	8.1%
Bridge Span Gold Essential 1200 Exchange EPO UW Medicine	78.4%	86.5%	8.1%
Coordinated Care Ambetter Secure Care 5 (2020)	83.1%	86.5%	3.4%
Coordinated Care Ambetter Secure Care 1 (2020) with 3 Free PCP Visits	88.6%	86.5%	-2.2%
Kaiser Flex Gold - 20	80.8%	86.5%	5.6%
Molina Choice Gold	80.6%	86.5%	5.9%

The estimated range of pricing impact for gold plans is between a decrease of 3.4% and an increase of 8.1%.

**Actuarial Value Comparison for Standard Silver and Current Silver Plans**

Plan Name	Plan Pricing AV	Standard Plan Pricing AV	Difference
Navigator Silver 5000	69.1%	76.3%	7.2%
Kaiser Northwest KP WA Silver 2500/35	74.1%	76.3%	2.3%
Kaiser Northwest KP WA Silver 3500/35	72.7%	76.3%	3.6%
LifeWise Essential Silver High Deductible	72.8%	76.3%	3.5%
LifeWise Essential Silver Low Deductible	74.0%	76.3%	2.4%
Columbia 4500 Silver	71.3%	76.3%	5.1%
Premera Blue Cross Preferred Silver EPO 4500	73.0%	76.3%	3.4%
Bridge Span Silver HDHP 3500 Exchange EPO RealValue	70.9%	76.3%	5.5%
Bridge Span Silver HDHP 3500 Exchange EPO PeaceHealth	70.9%	76.3%	5.5%
Bridge Span Silver HDHP 3500 Exchange EPO MultiCare Connected Care	70.9%	76.3%	5.5%
Silver HDHP 3500 Exchange EPO UW Medicine	70.9%	76.3%	5.5%
Coordinated Care Ambetter Balanced Care 1 (2020)	73.5%	76.3%	2.8%
Coordinated Care Ambetter Balanced Care 2 (2020)	74.2%	76.3%	2.2%
Coordinated Care Ambetter Balanced Care 3 (2020)	74.4%	76.3%	2.0%
Coordinated Care Ambetter Balanced Care 4 (2020)	73.1%	76.3%	3.2%
Coordinated Care Ambetter Balanced Care 1 (2020) + Vision	73.5%	76.3%	2.8%
Coordinated Care Ambetter Balanced Care 2 (2020) + Vision	74.2%	76.3%	2.2%
Coordinated Care Ambetter Balanced Care 3 (2020) + Vision	74.4%	76.3%	2.0%
Kaiser Flex Silver - 20	73.5%	76.3%	2.8%
Kaiser VisitsPlus Silver HD - 20	73.0%	76.3%	3.4%
Molina Choice Silver	72.6%	76.3%	3.7%

The estimated range of pricing impact for silver plans is between an increase of 2.0% and 7.2%.

**Actuarial Value Comparison for Standard Bronze and Current Bronze Plans**

Plan Name	Plan Pricing AV	Standard Plan Pricing AV	Difference
Navigator Bronze HSA 6750	67.1%	69.1%	1.9%
Navigator Bronze 7000	65.8%	69.1%	3.3%
Kaiser Northwest KP WA Bronze 5000/50	66.2%	69.1%	2.9%
Kaiser Northwest KP WA Bronze 6500/50	65.3%	69.1%	3.7%
Kaiser Northwest KP WA Bronze 6000/30% H.S.A.	66.8%	69.1%	2.2%
LifeWise Essential Bronze	67.9%	69.1%	1.2%
LifeWise Essential Bronze HSA	68.1%	69.1%	0.9%
Columbia 8150 Bronze	67.1%	69.1%	2.0%
Premera Blue Cross Preferred Bronze HSA EPO 5250	67.6%	69.1%	1.5%
Premera Blue Cross Preferred Bronze EPO 6350	65.8%	69.1%	3.2%
Bridge Span Bronze HDHP 6000 Exchange EPO RealValue	66.9%	69.1%	2.2%
Bridge Span Bronze HDHP 6000 Exchange EPO PeaceHealth	66.9%	69.1%	2.2%
Bridge Span Bronze Essential 7500 Exchange EPO RealValue	65.4%	69.1%	3.7%
Bridge Span Bronze Essential 7500 Exchange EPO PeaceHealth	65.4%	69.1%	3.7%
Bridge Span Bronze Care on Demand 8000 Exchange EPO RealValue	65.5%	69.1%	3.6%
Bridge Span Bronze Care on Demand 8000 Exchange EPO PeaceHealth	65.5%	69.1%	3.6%
Bridge Span Bronze HDHP 6000 Exchange EPO MultiCare Connected Care	66.9%	69.1%	2.2%
Bridge Span Bronze HDHP 6000 Exchange EPO UW Medicine	66.9%	69.1%	2.2%
Bridge Span Bronze Essential 7500 Exchange EPO MultiCare Connected Care	65.4%	69.1%	3.7%
Bridge Span Bronze Essential 7500 Exchange EPO UW Medicine	65.4%	69.1%	3.7%
Bridge Span Bronze Care on Demand 8000 Exchange EPO MultiCare Connected Care	65.5%	69.1%	3.6%
Bridge Span Bronze Care on Demand 8000 Exchange EPO UW Medicine	65.5%	69.1%	3.6%
Coordinated Care Ambetter Essential Care 2 (2020)	67.1%	69.1%	1.9%
Kaiser Core Bronze HSA - 20	68.1%	69.1%	0.9%
Kaiser Flex Bronze - 20	68.8%	69.1%	0.2%
Core Care Bronze 1	66.9%	69.1%	2.1%

The estimated range of pricing impact for bronze plans is an increase of 0.2% and 3.7% compared to the standard bronze plan.

**Actuarial Value Comparison for Standard Bronze HSA and Current Bronze Plans**

Plan Name	Plan Pricing AV	Standard Plan Pricing AV	Difference
Navigator Bronze HSA 6750	67.1%	65.0%	-2.1%
Navigator Bronze 7000	65.8%	65.0%	-0.8%
Kaiser Northwest KP WA Bronze 5000/50	66.2%	65.0%	-1.1%
Kaiser Northwest KP WA Bronze 6500/50	65.3%	65.0%	-0.3%
Kaiser Northwest KP WA Bronze 6000/30% H.S.A.	66.8%	65.0%	-1.8%
LifeWise Essential Bronze	67.9%	65.0%	-2.8%
LifeWise Essential Bronze HSA	68.1%	65.0%	-3.1%
Columbia 8150 Bronze	67.1%	65.0%	-2.1%
Premera Blue Cross Preferred Bronze HSA EPO 5250	67.6%	65.0%	-2.6%
Premera Blue Cross Preferred Bronze EPO 6350	65.8%	65.0%	-0.8%
Bridge Span Bronze HDHP 6000 Exchange EPO RealValue	66.9%	65.0%	-1.8%
Bridge Span Bronze HDHP 6000 Exchange EPO PeaceHealth	66.9%	65.0%	-1.8%
Bridge Span Bronze Essential 7500 Exchange EPO RealValue	65.4%	65.0%	-0.3%
Bridge Span Bronze Essential 7500 Exchange EPO PeaceHealth	65.4%	65.0%	-0.3%
Bridge Span Bronze Care on Demand 8000 Exchange EPO RealValue	65.5%	65.0%	-0.4%
Bridge Span Bronze Care on Demand 8000 Exchange EPO PeaceHealth	65.5%	65.0%	-0.4%
Bridge Span Bronze HDHP 6000 Exchange EPO MultiCare Connected Care	66.9%	65.0%	-1.8%
Bridge Span Bronze HDHP 6000 Exchange EPO UW Medicine	66.9%	65.0%	-1.8%
Bridge Span Bronze Essential 7500 Exchange EPO MultiCare Connected Care	65.4%	65.0%	-0.3%
Bridge Span Bronze Essential 7500 Exchange EPO UW Medicine	65.4%	65.0%	-0.3%
Bridge Span Bronze Care on Demand 8000 Exchange EPO MultiCare Connected Care	65.5%	65.0%	-0.4%
Bridge Span Bronze Care on Demand 8000 Exchange EPO UW Medicine	65.5%	65.0%	-0.4%
Coordinated Care Ambetter Essential Care 2 (2020)	67.1%	65.0%	-2.1%
Kaiser Core Bronze HSA - 20	68.1%	65.0%	-3.1%
Kaiser Flex Bronze - 20	68.8%	65.0%	-3.8%
Core Care Bronze 1	66.9%	65.0%	-1.9%

The estimated range of pricing impact for bronze plans compared to the standard bronze HSA plan is a decrease of 3.8% to 0.3%.

Note that each issuer may have different pricing AVs for the similar plan design, which reflect the characteristics of that issuer’s provider network, medical management programs, etc. Our analysis of the pricing impact assumed that the relative difference in pricing AVs from the Wakely model is an indication of the anticipated relative difference in the premium.

Enrollees that do not have APTCs will see the full impact of any premium change. The following table shows the estimated premium impact for a 40-year-old in Rating Area 1, comparing 2020 rates for current plans with the model standard gold plan. Compared to the standard gold plan, the available plans would be expected to see decreases between 3.4% and an increase of 8.1%.

**Gold Plan Pricing Impact for Unsubsidized Enrollees: Rating Area 1**

Plan Name	Premium for Age 40	Standard Gold	
		\$ Difference	% Diff
LifeWise Essential Gold	\$444.73	\$30.32	6.8%
Coordinated Care Ambetter Secure Care 1 (2020) with 3 Free PCP Visits	\$437.35	(\$9.41)	-2.2%
Molina Choice Gold	\$412.50	\$24.27	5.9%
Kaiser Flex Gold - 20	\$455.73	\$25.73	5.6%
Premera Blue Cross Preferred Gold EPO 1500	\$577.46	\$39.41	6.8%
Bridge Span Gold Essential 1200 Exchange EPO UW Medicine	\$511.02	\$41.32	8.1%
Coordinated Care Ambetter Secure Care 5 (2020)	\$437.38	\$14.71	3.4%
Kaiser Northwest KP WA Gold 0/20*	\$526.73	(\$10.12)	-1.9%
Kaiser Northwest KP WA Gold 1000/20*	\$493.01	\$24.14	4.9%
Navigator Gold 1500*	\$494.55	(\$17.04)	-3.4%
Columbia 1500 Gold*	\$547.25	\$33.72	6.2%

\* Plan Found in Rating Area 3

The silver plan is estimated to reflect a little less impact. Changing to the standard silver plans is estimated to have pricing impacts ranging from 2.0% to 7.2% increase.

**Silver Plan Pricing Impact for Unsubsidized Enrollees: Rating Area 1**

Plan Name	Premium for Age 40	Standard Silver	
		\$ Difference	% Diff
LifeWise Essential Silver High Deductible	\$411.76	\$14.50	3.5%
Coordinated Care Ambetter Balanced Care 1 (2020)	\$380.76	\$10.70	2.8%
Coordinated Care Ambetter Balanced Care 2 (2020)	\$383.67	\$8.25	2.2%
Coordinated Care Ambetter Balanced Care 3 (2020)	\$390.53	\$7.77	2.0%
Coordinated Care Ambetter Balanced Care 4 (2020)	\$373.04	\$12.07	3.2%
Coordinated Care Ambetter Balanced Care 1 (2020) + Vision	\$385.15	\$10.83	2.8%
Coordinated Care Ambetter Balanced Care 2 (2020) + Vision	\$388.10	\$8.35	2.2%
Coordinated Care Ambetter Balanced Care 3 (2020) + Vision	\$395.04	\$7.86	2.0%
Molina Choice Silver	\$371.73	\$13.88	3.7%
Kaiser Flex Silver - 20	\$397.54	\$11.14	2.8%
Kaiser VisitsPlus Silver HD - 20	\$415.46	\$14.02	3.4%
Premera Blue Cross Preferred Silver EPO 4500	\$505.97	\$17.10	3.4%
Silver HDHP 3500 Exchange EPO UW Medicine	\$438.51	\$23.91	5.5%
LifeWise Essential Silver Low Deductible	\$413.92	\$9.88	2.4%
Kaiser Northwest KP WA Silver 2500/35*	\$501.42	\$11.34	2.3%
Kaiser Northwest KP WA Silver 3500/35*	\$481.35	\$17.34	3.6%
Navigator Silver 5000*	\$424.77	\$30.78	7.2%
Columbia 4500 Silver*	\$491.69	\$24.95	5.1%

\* Plan Found in Rating Area 3

The current bronze plans in Rating Area 1 are expected to have a premium increase of 0.2% to 3.7% compared to the standard bronze plan.

**Bronze Plan Pricing Impact for Unsubsidized Enrollees: Rating Area 1**

Plan Name	Premium for Age 40	Standard Bronze	
		\$ Difference	% Diff
LifeWise Essential Bronze	\$306.83	\$3.72	1.2%
Kaiser Core Bronze HSA - 20	\$304.68	\$2.83	0.9%
Kaiser Flex Bronze - 20	\$310.49	\$0.71	0.2%
Premera Blue Cross Preferred Bronze EPO 6350	\$395.00	\$12.81	3.2%
Premera Blue Cross Preferred Bronze HSA EPO 5250	\$399.62	\$5.85	1.5%
Bridge Span Bronze HDHP 6000 Exchange EPO UW Medicine	\$310.86	\$6.88	2.2%
Bridge Span Bronze Essential 7500 Exchange EPO UW Medicine	\$303.17	\$11.20	3.7%
Bridge Span Bronze Care on Demand 8000 Exchange EPO UW Medicine	\$289.71	\$10.42	3.6%
Coordinated Care Ambetter Essential Care 2 (2020)	\$299.58	\$5.78	1.9%
LifeWise Essential Bronze HSA	\$310.66	\$2.92	0.9%
Core Care Bronze 1	\$288.96	\$6.18	2.1%
Kaiser Northwest KP WA Bronze 5000/50*	\$354.15	\$10.31	2.9%
Kaiser Northwest KP WA Bronze 6500/50*	\$338.43	\$12.65	3.7%
Kaiser Northwest KP WA Bronze 6000/30% H.S.A.*	\$324.39	\$7.29	2.2%
Navigator Bronze HSA 6750*	\$322.05	\$6.22	1.9%
Navigator Bronze 7000*	\$329.72	\$10.72	3.3%
Columbia 8150 Bronze*	\$380.74	\$7.45	2.0%

\* Plan Found in Rating Area 3

The current bronze plans in Rating Area 1 are expected to have premium decreases of 3.8% to 0.3% compared to the standard bronze HSA plan.

**Bronze HSA Plan Pricing Impact for Unsubsidized Enrollees: Rating Area 1**

Plan Name	Premium for Age 40	Standard Bronze (HSA)	
		\$ Difference	% Diff
LifeWise Essential Bronze	\$306.83	(\$8.61)	-2.8%
Kaiser Core Bronze HSA - 20	\$304.68	(\$9.43)	-3.1%
Kaiser Flex Bronze - 20	\$310.49	(\$11.78)	-3.8%
Premera Blue Cross Preferred Bronze EPO 6350	\$395.00	(\$3.08)	-0.8%
Premera Blue Cross Preferred Bronze HSA EPO 5250	\$399.62	(\$10.22)	-2.6%
Bridge Span Bronze HDHP 6000 Exchange EPO UW Medicine	\$310.86	(\$5.62)	-1.8%
Bridge Span Bronze Essential 7500 Exchange EPO UW Medicine	\$303.17	(\$0.99)	-0.3%
Bridge Span Bronze Care on Demand 8000 Exchange EPO UW Medicine	\$289.71	(\$1.23)	-0.4%
Coordinated Care Ambetter Essential Care 2 (2020)	\$299.58	(\$6.26)	-2.1%
LifeWise Essential Bronze HSA	\$310.66	(\$9.57)	-3.1%
Core Care Bronze 1	\$288.96	(\$5.44)	-1.9%
Kaiser Northwest KP WA Bronze 5000/50*	\$354.15	(\$3.93)	-1.1%
Kaiser Northwest KP WA Bronze 6500/50*	\$338.43	(\$0.96)	-0.3%
Kaiser Northwest KP WA Bronze 6000/30% H.S.A.*	\$324.39	(\$5.75)	-1.8%
Navigator Bronze HSA 6750*	\$322.05	(\$6.73)	-2.1%
Navigator Bronze 7000*	\$329.72	(\$2.54)	-0.8%
Columbia 8150 Bronze*	\$380.74	(\$7.86)	-2.1%

\* Plan Found in Rating Area 3

Advanced Premium Tax Credit (APTC) amounts are influenced by the second-lowest cost silver plan available in a specific area. The premium for the second-lowest cost silver plan will also be affected by the selection and pricing of the standard plans. An increase in the second-lowest cost silver plan premium will result in higher subsidies available for those eligible for subsidies, all things equal. For this analysis, we are assuming that the individual is in Rating Area 1 (King County) for which the current plan Ambetter Balanced Care 4 (2020) is the second-lowest silver plan. The tables reflect the impact of the model standard plan being the second-lowest cost silver plan and, therefore, the benchmark for determining APTC. The estimated change in premium shown for the plan changing to the standard silver plan in the Pricing Impact table for unsubsidized enrollees can be used as a proxy for the change in the APTC for eligible enrollees. The estimated change in premium for subsidized enrollees is shown in the following table. The change in the



subsidy brings the premium change for each model silver plan much closer together. Most plans would see modest premium changes of 2.2% or less.

**Silver Plan Pricing Impact for Subsidized Enrollees: Rating Area 1**

Plan Name	Standard Silver	
	\$ Difference	% Diff
LifeWise Essential Silver High Deductible	\$1.18	0.3%
Coordinated Care Ambetter Balanced Care 1 (2020)	(\$1.62)	-0.4%
Coordinated Care Ambetter Balanced Care 2 (2020)	(\$4.16)	-1.1%
Coordinated Care Ambetter Balanced Care 3 (2020)	(\$4.87)	-1.2%
Coordinated Care Ambetter Balanced Care 4 (2020)	\$0.00	0.0%
Coordinated Care Ambetter Balanced Care 1 (2020) + Vision	(\$1.64)	-0.4%
Coordinated Care Ambetter Balanced Care 2 (2020) + Vision	(\$4.21)	-1.1%
Coordinated Care Ambetter Balanced Care 3 (2020) + Vision	(\$4.92)	-1.2%
Molina Choice Silver	\$1.86	0.5%
Kaiser Flex Silver - 20	(\$1.72)	-0.4%
Kaiser VisitsPlus Silver HD - 20	\$0.58	0.1%
Premera Blue Cross Preferred Silver EPO 4500	\$0.73	0.1%
Silver HDHP 3500 Exchange EPO UW Medicine	\$9.72	2.2%
LifeWise Essential Silver Low Deductible	(\$3.51)	-0.8%

The analysis of silver plan pricing impact on subsidized enrollees was based on the standard silver plan being the second-lowest cost silver plan. Should additional silver plans be offered alongside the model standard silver plan and be priced lower than the standard plan, other plans could become the benchmark plan for purposes of calculating APTC, which would change the pricing impact for subsidized enrollees.

## Assumptions

- We did not make any assumption that the plans will meet Mental Health Parity requirements for a specific carrier. We recommend that all carriers test for parity. Standard plan designs can then be revised to ensure all standard plans meet parity for all carriers.

For purposes of analyzing pricing implications

- Trend and PMPM Assumptions used in Pricing Model are from Washington Individual Market. We developed trend and PMPM assumptions for our internal ACA pricing model by reviewing rate filings for the state of Washington. This effectively calibrated Wakely's pricing model to reflect costs expected in the Washington individual market.
- This analysis assumes that any non-standard silver plan offered will have an equal or higher Federal AV than the standard silver plans, and that the second-lowest cost silver plan in all counties would be a standard silver plan. No silver plans would change the second-lowest cost silver plan.
- Our analysis uses the 2020 plan designs, 2020 rates, and the 2020 Federal AVC. Actual standard plan designs will have to be adjusted to fit the 2021 Federal AV requirements for metal levels. The pricing impact would also be different from what is reflected in this analysis.
- We assumed there is no change in current EHB requirements, or in the amount of non-EHBs offered in current plans.
- Relative difference in AV's from Wakely's pricing model are assumed representative of the relative change in carriers' pricing models.

## Disclosures and Limitations

**Responsible Actuary.** Aree Bly is the actuary responsible for this communication. She is a Member of the American Academy of Actuaries and Fellows of the Society of Actuaries. She meets the Qualification Standards of the American Academy of Actuaries to issue this report. Brad Heywood contributed significantly to the analyses. Michael Cohen contributed to policy considerations for standard plan designs.

**Intended Users.** This information has been prepared for the sole use of WAHBE. We also recognize that the report may be released as part of the initial report to gather feedback through the public comment period. We do not intend this information to benefit any third party nor create a reliance by any third party on Wakely.

**Risks and Uncertainties.** The analysis and results in this report do not involve any projections or actuarial assumptions. Users of the results should be qualified to use it and understand the

results and the inherent uncertainty. It is the responsibility of the organization receiving this output to review the assumptions carefully and notify Wakely of any potential concerns.

**Conflict of Interest.** The responsible actuaries are financially independent and free from conflict concerning all matters related to performing the actuarial services underlying this analysis. In addition, Wakely is organizationally and financially independent to WAHBE.

**Data and Reliance.** We have relied on WAHBE for data and assumptions used in this analysis. This data included 2019 and 2020 rate filings and enrollment information. We have reviewed the data for reasonableness, but have not performed any independent audit or otherwise verified the accuracy of the data/information. If the underlying information is incomplete or inaccurate, our estimates may be impacted, potentially significantly.

**Subsequent Events.** These analyses are based on the implicit assumption that the ACA will continue to be in effect in future years with no material change. Material changes in state or federal laws regarding health benefit plans may have a material impact on the results included in this report. In addition, any changes in issuer actions as well as complete 2019 enrollment and experience could impact the results. There are no known relevant events subsequent to the date of information received that would impact the results of this report.

**Contents of Actuarial Report.** This document constitutes the entirety of the actuarial report and supersedes any previous communications on the project.

**Deviations from ASOPS.** Wakely completed the analysis using sound actuarial practice. To the best of our knowledge, the report and methods used in the analysis are in compliance with the appropriate Actuarial Standards of Practice (ASOP) with no known deviations.

## Appendix A – Adjustments to Plan Designs

Below are the key adjustments made to the standard plans relative to the September 18, 2019 report:

- Gold
  - Decreased MOOP to \$5,750 from \$6000
  - Decreased inpatient copay from \$1000 per admit to \$500 per day
  - Increased speech and occupational and physical therapy from \$15 to \$20 copay
  - Shifted specialty nursing facility, outpatient facility and outpatient physician as subject to deductible
  - Decreased outpatient physician copay from \$55 to \$50
  - Increased x-ray copay from \$15 to \$25
- Silver (70%)
  - Shifted x-ray copay to not subject to deductible
- Silver (73%)
  - Decreased PCP/Mental and Behavioral Health copay from \$25 to \$20
  - Increased Occupational and Speech copay from \$25 to \$30
  - Increased Lab Outpatient copay from \$25 to \$30
  - Decreased generic copay from \$20 to \$17
- Silver (87%)
  - Decreased Deductible from \$1000 to \$850
  - Decreased MOOP from \$2250 to \$1900
  - Shifted non-preferred brand and specialty drugs to not subject to deductible
- Silver (94%)
  - Decreased the MOOP from \$1000 to \$900
  - Decreased the generic copay from \$5 to \$3

- Shifted outpatient facility fee and surgery physician/surgery copays to subject to deductible
  - Shifted non-preferred brand and specialty drugs to not subject to deductible
- Bronze
  - Changed copays from speech and occupational and physical therapy with coinsurance
  - Changed coinsurance for preferred brand drug to a \$70 copay, subject to the deductible
- Bronze HSA
  - No Changes

## Appendix B – Plan Comparisons

### Gold Plan Comparison

Benefits	Standard Gold	Kaiser Northwest KP WA Gold 1000/20	Kaiser Northwest KP WA Gold 0/20	LifeWise Essential Gold	Premera Blue Cross Preferred Gold EPO 1500	Premera Blue Cross Preferred Gold EPO 1000	Bridge Span Gold Essential 1200 Exchange EPO RealValue	Coordinated Care Ambetter Secure Care 1 (2020) with 3 Free PCP Visits	Kaiser Flex Gold - 20
Integrated	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible (\$)	\$500	\$1,000	\$0	\$1,000	\$1,500	\$1,000	\$1,200	\$0	\$1,150
MOOP (\$)	\$5,750	\$7,500	\$7,500	\$6,600	\$6,800	\$6,000	\$8,150	\$6,350	\$6,500
Emergency Room Services	\$400	30%	\$350	\$250	\$250	\$250	20%	\$250	20%
Urgent Care	\$35	\$40	\$40	\$60	\$45	\$40	\$30	20%	\$15
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$500	30%	\$30	30%	30%	30%	20%	20%	20%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$15	\$20	\$20	\$30	\$15	\$15	\$30	20%	\$15
Specialist Visit	\$35	\$40	\$40	\$60	\$45	\$40	\$30	20%	\$40
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$15	\$20	\$20	\$60	\$45	\$40	20%	20%	\$15
Advanced Imaging (CT/PET Scans, MRIs)	\$300	30%	\$300	30%	30%	30%	20%	20%	20%
Speech Therapy	\$20	\$40	\$40	30%	30%	30%	20%	20%	\$40
Occupational and Physical Therapy	\$20	\$40	\$40	30%	30%	30%	20%	20%	\$40
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	\$15	\$30	\$40	30%	30%	30%	20%	20%	20%
X-rays and Diagnostic Imaging	\$25	\$30	\$40	30%	30%	30%	20%	20%	20%
Skilled Nursing Facility	\$300	30%	\$30	30%	30%	30%	20%	20%	20%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$300	30%	\$30	30%	30%	30%	20%	20%	20%
Outpatient Surgery Physician/Surgical Services	\$50	30%	\$30	30%	30%	30%	20%	20%	20%
Generics	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Preferred Brand Drugs	\$55	\$30	\$30	30%	\$45	\$40	30%	\$25	\$35
Non-Preferred Brand Drugs	\$90	\$50	\$50	30%	50%	50%	50%	\$75	40%
Specialty Drugs (i.e. high-cost)	\$90	\$50	\$50	50%	50%	50%	40%	30%	40%
Ambulance	\$375	30%	\$30	30%	30%	30%	20%	20%	20%
Routine Eye Exam for Children	\$0	\$0	\$0	\$30	\$30	\$30	\$0	\$0	\$0
All Other Benefits	20%	30%	\$30	30%	30%	30%	20%	20%	20%
Federal AV	81.31%	80.72%	81.96%	77.97%	78.26%	80.63%	77.26%	81.19%	78.92%
Pricing Model AV	86.48%	81.58%	88.40%	79.66%	79.66%	81.75%	78.39%	88.63%	80.83%
Notes								\$350 Specialty	
	5 IP Copays								
					2 PCP before copay	2 PCP before copay		3 PCP before copay	
							4 PCP before ded		5 PCP before ded

Benefits	Standard Gold	Molina Choice Gold	Bridge Span Gold Essential 1200 Exchange EPO PeaceHealth	Bridge Span Gold Essential 1200 Exchange EPO MultiCare Connected Care	Bridge Span Gold Essential 1200 Exchange EPO UW Medicine	Coordinated Care Ambetter Secure Care 5 (2020)	Navigator Gold 1500	Columbia 1500 Gold
Integrated	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible (\$)	\$500	\$2,925	\$1,200	\$1,200	\$1,200	\$1,250	\$0	\$1,500
MOOP (\$)	\$5,750	\$6,000	\$8,150	\$8,150	\$8,150	\$5,900	\$5,000	\$6,000
Emergency Room Services	\$400	20%	20%	20%	20%	20%	20%	\$250
Urgent Care	\$35	\$10	\$30	\$30	\$30	\$35	20%	\$65
All Inpatient Hospital Services (inc. MH/SUD,Maternity)	\$500	20%	20%	20%	20%	20%	20%	20%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$15	\$10	\$30	\$30	\$30	\$15	\$20	\$45
Specialist Visit	\$35	\$50	\$30	\$30	\$30	\$35	\$40	\$65
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$15	\$10	20%	20%	20%	\$15	\$20	\$45
Advanced Imaging (CT/PET Scans, MRIs)	\$300	20%	20%	20%	20%	20%	20%	20%
Speech Therapy	\$20	\$50	20%	20%	20%	20%	20%	20%
Occupational and Physical Therapy	\$20	\$50	20%	20%	20%	20%	20%	20%
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	\$15	\$15	20%	20%	20%	\$15	20%	\$20
X-rays and Diagnostic Imaging	\$25	20%	20%	20%	20%	20%	20%	\$20
Skilled Nursing Facility	\$300	20%	20%	20%	20%	20%	20%	20%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$300	20%	20%	20%	20%	20%	20%	20%
Outpatient Surgery Physician/Surgical Services	\$50	20%	20%	20%	20%	20%	20%	20%
Generics	\$10	\$10	\$10	\$10	\$10	\$15	\$15	\$10
Preferred Brand Drugs	\$55	\$50	30%	30%	30%	\$30	\$70	\$50
Non-Preferred Brand Drugs	\$90	30%	50%	50%	50%	30%	\$20	50%
Specialty Drugs (i.e. high-cost)	\$90	30%	40%	40%	40%	30%	\$20	50%
Ambulance	\$375	\$20	20%	20%	20%	20%	20%	20%
Routine Eye Exam for Children	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
All Other Benefits	20%	\$20	20%	20%	20%	20%	20%	20%
Federal AV	81.31%	77.36%	77.26%	77.26%	77.26%	81.70%	81.45%	79.65%
Pricing Model AV	86.48%	80.60%	78.39%	78.39%	78.39%	83.12%	89.93%	80.32%
Notes								
	5 IP Copays							
Standard Plans			4 PCP before ded	4 PCP before ded	4 PCP before ded		Washington Health	Benefit Exchange



**Silver Plan Comparison**

Benefits	Standard Silver	Kaiser Northwest KP WA Silver 2500/35	Kaiser Northwest KP WA Silver 3500/35	LifeWise Essential Silver High Deductible	Premera Blue Cross Preferred Silver EPO 4500	Bridge Span Silver HDHP 3500 Exchange EPO RealValue	Coordinated Care Ambetter Balanced Care 1 (2020)	Coordinated Care Ambetter Balanced Care 2 (2020)	Coordinated Care Ambetter Balanced Care 3 (2020)	Coordinated Care Ambetter Balanced Care 4 (2020)	Coordinated Care Ambetter Balanced Care 1 (2020) + Vision	Coordinated Care Ambetter Balanced Care 2 (2020) + Vision	Coordinated Care Ambetter Balanced Care 3 (2020) + Vision
Integrated	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible (\$)	\$2,000	\$2,500	\$3,500	\$4,000	\$4,500	\$3,500	\$5,650	\$6,500	\$3,350	\$7,050	\$5,650	\$6,500	\$3,350
MOOP (\$)	\$7,900	\$8,150	\$8,150	\$7,500	\$7,350	\$6,900	\$6,950	\$6,500	\$7,450	\$7,050	\$6,950	\$6,500	\$7,450
Emergency Room Services	\$750	30%	30%	\$250	\$250	20%	20%	\$0	\$600	\$0	20%	\$0	\$600
Urgent Care	\$60	\$50	\$50	\$60	\$60	20%	\$60	\$60	\$60	\$60	\$60	\$60	\$60
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$750	30%	30%	30%	30%	20%	20%	\$0	\$750	\$0	20%	\$0	\$750
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$25	\$35	\$35	\$30	\$30	20%	\$30	\$30	\$30	\$30	\$30	\$30	\$30
Specialist Visit	\$60	\$65	\$65	\$60	\$60	20%	\$60	\$60	\$60	\$60	\$60	\$60	\$60
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$25	\$35	\$35	\$60	\$60	20%	\$30	\$30	\$30	\$30	\$30	\$30	\$30
Advanced Imaging (CT/PET Scans, MRIs)	30%	30%	30%	30%	30%	20%	20%	\$0	30%	\$0	20%	\$0	30%
Speech Therapy	\$30	\$40	\$40	30%	30%	20%	20%	\$0	30%	\$0	20%	\$0	30%
Occupational and Physical Therapy	\$30	\$40	\$40	30%	30%	20%	20%	\$0	30%	\$0	20%	\$0	30%
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	\$30	30%	30%	30%	30%	20%	20%	\$0	30%	\$0	20%	\$0	30%
X-rays and Diagnostic Imaging	\$60	30%	30%	30%	30%	20%	20%	\$0	30%	\$0	20%	\$0	30%
Skilled Nursing Facility	\$750	30%	30%	30%	30%	20%	20%	\$0	30%	\$0	20%	\$0	30%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$500	30%	30%	30%	30%	20%	20%	\$0	30%	\$0	20%	\$0	30%
Outpatient Surgery Physician/Surgical Services	\$100	30%	30%	30%	30%	20%	20%	\$0	30%	\$0	20%	\$0	30%
Generics	\$20	\$25	\$25	\$10	\$30	20%	\$10	\$15	\$25	\$15	\$10	\$15	\$25
Preferred Brand Drugs	\$65	\$65	\$65	30%	\$60	30%	\$55	\$50	\$50	\$50	\$55	\$50	\$50
Non-Preferred Brand Drugs	\$150	50%	50%	30%	50%	50%	30%	\$0	40%	\$0	30%	\$0	40%
Specialty Drugs (i.e. high-cost)	\$150	50%	50%	50%	50%	40%	30%	\$0	40%	\$0	30%	\$0	40%
Ambulance	\$375	30%	30%	30%	30%	20%	20%	\$0	30%	\$0	20%	\$0	30%
Routine Eye Exam for Children	\$0	\$0	\$0	\$30	\$30	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
All Other Benefits	30%	30%	30%	30%	30%	20%	20%	\$0	30%	\$0	20%	\$0	30%
Federal AV	71.31%	71.99%	70.53%	70.00%	70.22%	67.53%	71.92%	71.74%	71.91%	70.70%	71.92%	71.74%	71.91%
Pricing Model AV	76.35%	74.09%	72.74%	72.83%	72.97%	70.90%	73.54%	74.20%	74.36%	73.11%	73.54%	74.20%	74.36%
Notes	5 IP Copays				2 PCP before copay								



Benefits	Standard Silver	Kaiser Flex Silver - 20	Kaiser VisitsPlus Silver HD - 20	Molina Choice Silver	Bridge Span Silver HDHP 3500 Exchange EPO PeaceHealth	Bridge Span Silver HDHP 3500 Exchange EPO MultiCare Connected Care	Silver HDHP 3500 Exchange EPO UW Medicine	LifeWise Essential Silver Low Deductible	Navigator Silver 5000	Columbia 4500 Silver
Integrated	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible (\$)	\$2,000	\$2,000	\$7,150	\$0	\$3,500	\$3,500	\$3,500	\$2,500	\$5,000	\$4,500
MOOP (\$)	\$7,900	\$7,900	\$7,150	\$8,150	\$6,900	\$6,900	\$6,900	\$8,150	\$8,150	\$8,150
Emergency Room Services	\$750	30%	\$0	40%	20%	20%	20%	\$250	30%	\$250
Urgent Care	\$60	\$20	\$30	\$25	20%	20%	20%	\$60	30%	\$80
All Inpatient Hospital Services (inc. MH/SUD,Maternity)	\$750	30%	\$0	40%	20%	20%	20%	30%	30%	35%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$25	\$20	\$30	\$25	20%	20%	20%	\$30	\$35	\$60
Specialist Visit	\$60	\$45	\$55	\$75	20%	20%	20%	\$60	\$70	\$80
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$25	\$20	\$30	\$25	20%	20%	20%	\$60	\$35	\$60
Advanced Imaging (CT/PET Scans, MRIs)	30%	30%	\$0	40%	20%	20%	20%	30%	30%	35%
Speech Therapy	\$30	\$45	\$55	40%	20%	20%	20%	30%	30%	35%
Occupational and Physical Therapy	\$30	\$45	\$55	40%	20%	20%	20%	30%	30%	35%
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	\$30	30%	\$0	\$40	20%	20%	20%	30%	30%	\$35
X-rays and Diagnostic Imaging	\$60	30%	\$0	40%	20%	20%	20%	30%	30%	\$35
Skilled Nursing Facility	\$750	30%	\$0	40%	20%	20%	20%	30%	30%	35%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$500	30%	\$0	40%	20%	20%	20%	30%	30%	35%
Outpatient Surgery Physician/Surgical Services	\$100	30%	\$0	40%	20%	20%	20%	30%	30%	35%
Generics	\$20	\$10	\$12	\$15	20%	20%	20%	\$20	30%	\$20
Preferred Brand Drugs	\$65	40%	\$55	\$60	30%	30%	30%	30%	30%	\$75
Non-Preferred Brand Drugs	\$150	50%	50%	40%	50%	50%	50%	30%	30%	50%
Specialty Drugs (i.e. high-cost)	\$150	50%	50%	40%	40%	40%	40%	50%	30%	50%
Ambulance	\$375	30%	\$0	\$40	20%	20%	20%	30%	30%	35%
Routine Eye Exam for Children	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30	\$0	\$0
All Other Benefits	30%	30%	\$0	\$40	20%	20%	20%	30%	30%	35%
Federal AV	71.31%	71.16%	70.76%	68.96%	67.53%	67.53%	67.53%	71.39%	66.14%	69.55%
Pricing Model AV	76.35%	73.55%	72.97%	72.61%	70.90%	70.90%	70.90%	73.96%	69.10%	71.27%
Notes	5 IP Copays									
		4 PCP before ded								

**Bronze Plan Comparison**

Benefits	Standard Bronze	Standard Bronze (HSA)	Kaiser Northwest KP WA Bronze 5000/50	Kaiser Northwest KP WA Bronze 6500/50	Kaiser Northwest KP WA Bronze 6000/30% H.S.A.	LifeWise Essential Bronze	Premera Blue Cross Preferred Bronze HSA EPO 5250	Premera Blue Cross Preferred Bronze EPO 6350	Bridge Span Bronze HDHP 6000 Exchange EPO RealValue	Kaiser Core Bronze HSA - 20	Kaiser Flex Bronze - 20	Bridge Span Bronze Care on Demand 8000 Exchange EPO RealValue	Bridge Span Bronze Care on Demand 8000 Exchange EPO PeaceHealth
Integrated	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible (\$)	\$6,000	\$6,250	\$5,000	\$6,500	\$6,000	\$6,350	\$5,250	\$6,350	\$6,000	\$5,000	\$5,500	\$8,000	\$8,000
MOOP (\$)	\$8,150	\$6,900	\$8,150	\$8,150	\$6,900	\$8,150	\$6,700	\$7,850	\$6,900	\$6,750	\$7,150	\$8,150	\$8,150
Emergency Room Services	40%	40%	35%	50%	30%	\$250	40%	\$250	50%	20%	20%	20%	20%
Urgent Care	\$90	\$0	35%	50%	30%	\$60	40%	\$60	50%	20%	\$40	20%	20%
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	40%	40%	35%	50%	30%	30%	40%	40%	50%	20%	20%	20%	20%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$30	40%	\$50	\$50	30%	\$30	40%	\$50	50%	20%	\$40	20%	20%
Specialist Visit	\$90	40%	35%	50%	30%	30%	40%	40%	50%	20%	20%	20%	20%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$30	40%	\$50	\$50	30%	30%	40%	40%	50%	20%	20%	20%	20%
Advanced Imaging (CT/PET Scans, MRIs)	40%	40%	35%	50%	30%	30%	40%	40%	50%	20%	20%	20%	20%
Speech Therapy	40%	40%	35%	50%	30%	30%	40%	40%	50%	20%	20%	20%	20%
Occupational and Physical Therapy	40%	40%	35%	50%	30%	30%	40%	40%	50%	20%	20%	20%	20%
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	\$30	40%	35%	50%	30%	30%	40%	40%	50%	20%	20%	20%	20%
X-rays and Diagnostic Imaging	40%	40%	35%	50%	30%	30%	40%	40%	50%	20%	20%	20%	20%
Skilled Nursing Facility	40%	40%	35%	50%	30%	30%	40%	40%	50%	20%	20%	20%	20%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40%	40%	35%	50%	30%	30%	40%	40%	50%	20%	20%	20%	20%
Outpatient Surgery Physician/Surgical Services	40%	40%	35%	50%	30%	30%	40%	40%	50%	20%	20%	20%	20%
Generics	\$25	40%	\$30	50%	\$20	\$20	40%	40%	30%	20%	\$25	\$15	\$15
Preferred Brand Drugs	\$70	40%	50%	50%	\$50	30%	40%	40%	40%	40%	40%	30%	30%
Non-Preferred Brand Drugs	40%	40%	50%	50%	50%	30%	40%	40%	50%	50%	50%	50%	50%
Specialty Drugs (i.e. high-cost)	40%	40%	50%	50%	50%	50%	50%	50%	40%	50%	50%	40%	40%
Ambulance	40%	40%	35%	50%	30%	30%	40%	40%	50%	20%	20%	20%	20%
Routine Eye Exam for Children	\$0	\$0	\$0	\$0	\$0	\$30	\$40	\$30	\$0	\$0	\$0	\$0	\$0
All Other Benefits	40%	40%	35%	50%	30%	30%	40%	40%	50%	20%	20%	20%	20%
Federal AV	64.31%	62.29%	63.74%	62.47%	62.43%	63.54%	63.22%	63.19%	62.36%	63.85%	64.57%	60.72%	60.72%
Pricing Model AV	69.07%	65.05%	66.16%	65.33%	66.82%	67.86%	67.61%	65.83%	66.86%	68.14%	68.84%	65.47%	65.47%
Notes	\$300 Specialty												
								2 PCP before copay					
											3 PCP before ded		

Benefits	Standard Bronze	Standard Bronze (HSA)	Bridge Span Bronze Care on Demand 8000 Exchange MultiCare Connected Care	Bridge Span Bronze Care on Demand 8000 Exchange EPO UW Medicine	Columbia 8150 Bronze	Bridge Span Bronze HDHP 6000 Exchange EPO PeaceHealth	Bridge Span Bronze HDHP 6000 Exchange EPO MultiCare Connected Care	Bridge Span Bronze HDHP 6000 Exchange EPO UW Medicine	Bridge Span Bronze Essential 7500 Exchange EPO RealValue	Bridge Span Bronze Essential 7500 Exchange EPO PeaceHealth	Bridge Span Bronze Essential 7500 Exchange EPO MultiCare Connected Care	Bridge Span Bronze Essential 7500 Exchange EPO UW Medicine	Coordinated Care Ambetter Essential Care 2 (2020)	LifeWise Essential Bronze HSA	Core Care Bronze 1	Navigator Bronze HSA 6750	Navigator Bronze 7000
Integrated	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible (\$)	\$6,000	\$6,250	\$8,000	\$8,000	\$8,150	\$6,000	\$6,000	\$6,000	\$7,500	\$7,500	\$7,500	\$7,500	\$6,750	\$5,000	\$6,800	\$6,750	\$7,000
MOOP (\$)	\$8,150	\$6,900	\$8,150	\$8,150	\$8,150	\$6,900	\$6,900	\$6,900	\$8,150	\$8,150	\$8,150	\$8,150	\$6,750	\$6,600	\$8,150	\$6,750	\$8,150
Emergency Room Services	40%	40%	20%	20%	\$0	50%	50%	50%	10%	10%	10%	10%	\$0	30%	40%	\$0	40%
Urgent Care	\$90	\$0	20%	20%	\$100	50%	50%	50%	\$60	\$60	\$60	\$60	\$0	30%	\$35	\$0	40%
All Inpatient Hospital Services (inc. MHSUD, Maternity)	40%	40%	20%	20%	\$0	50%	50%	50%	10%	10%	10%	10%	\$0	30%	40%	\$0	40%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$30	40%	20%	20%	\$70	50%	50%	50%	\$60	\$60	\$60	\$60	\$0	30%	\$35	\$0	\$35
Specialist Visit	\$90	40%	20%	20%	\$100	50%	50%	50%	\$60	\$60	\$60	\$60	\$0	30%	\$85	\$0	40%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$30	40%	20%	20%	\$70	50%	50%	50%	10%	10%	10%	10%	\$0	30%	\$35	\$0	\$35
Advanced Imaging (CT/PET Scans, MRIs)	40%	40%	20%	20%	\$0	50%	50%	50%	10%	10%	10%	10%	\$0	30%	40%	\$0	40%
Speech Therapy	40%	40%	20%	20%	\$0	50%	50%	50%	10%	10%	10%	10%	\$0	30%	40%	\$0	40%
Occupational and Physical Therapy	40%	40%	20%	20%	\$0	50%	50%	50%	10%	10%	10%	10%	\$0	30%	40%	\$0	40%
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	\$30	40%	20%	20%	\$0	50%	50%	50%	10%	10%	10%	10%	\$0	30%	40%	\$0	40%
X-rays and Diagnostic Imaging	40%	40%	20%	20%	\$0	50%	50%	50%	10%	10%	10%	10%	\$0	30%	40%	\$0	40%
Skilled Nursing Facility	40%	40%	20%	20%	\$0	50%	50%	50%	10%	10%	10%	10%	\$0	30%	40%	\$0	40%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40%	40%	20%	20%	\$0	50%	50%	50%	10%	10%	10%	10%	\$0	30%	40%	\$0	40%
Outpatient Surgery Physician/Surgical Services	40%	40%	20%	20%	\$0	50%	50%	50%	10%	10%	10%	10%	\$0	30%	40%	\$0	40%
Generics	\$25	40%	\$15	\$15	\$35	30%	30%	30%	\$15	\$15	\$15	\$15	\$0	30%	\$32	\$0	40%
Preferred Brand Drugs	\$70	40%	30%	30%	\$0	40%	40%	40%	20%	20%	20%	20%	\$0	30%	40%	\$0	40%
Non-Preferred Brand Drugs	40%	40%	50%	50%	\$0	50%	50%	50%	50%	50%	50%	50%	\$0	30%	50%	\$0	40%
Specialty Drugs (i.e. high-cost)	40%	40%	40%	40%	\$0	40%	40%	40%	40%	40%	40%	40%	\$0	50%	50%	\$0	40%
Ambulance	40%	40%	20%	20%	\$0	50%	50%	50%	10%	10%	10%	10%	\$0	30%	40%	\$0	40%
Routine Eye Exam for Children	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30	\$0	\$0	\$0
All Other Benefits	40%	40%	20%	20%	\$0	50%	50%	50%	10%	10%	10%	10%	\$0	30%	40%	\$0	40%
Federal AV	64.31%	62.29%	60.72%	60.72%	61.86%	62.36%	62.36%	62.36%	62.55%	62.55%	62.55%	62.55%	62.45%	63.92%	62.83%	62.45%	62.73%
Pricing Model AV	69.07%	65.05%	65.47%	65.47%	67.11%	66.86%	66.86%	66.86%	65.38%	65.38%	65.38%	65.38%	67.14%	68.13%	66.93%	67.14%	65.82%
Notes	\$300 Specialty																
									3 PCP before ded	3 PCP before ded	3 PCP before ded	3 PCP before ded					

## Appendix C – Pricing Impact by Rating Area

### Rating Area 1 – Compared to Standard Gold

Plan Name	Premium for Age 40, Rating Area 1	Standard Gold	
		\$ Difference	% Diff
LifeWise Essential Gold	\$444.73	\$30.32	6.8%
Coordinated Care Ambetter Secure Care 1 (2020) with 3 Free PCP Visits	\$437.35	(\$9.41)	-2.2%
Molina Choice Gold	\$412.50	\$24.27	5.9%
Kaiser Flex Gold - 20	\$455.73	\$25.73	5.6%
Premera Blue Cross Preferred Gold EPO 1500	\$577.46	\$39.41	6.8%
Bridge Span Gold Essential 1200 Exchange EPO UW Medicine	\$511.02	\$41.32	8.1%
Coordinated Care Ambetter Secure Care 5 (2020)	\$437.38	\$14.71	3.4%

### Rating Area 1 – Compared to Standard Silver

Plan Name	Premium for Age 40, Rating Area 1	Standard Silver	
		\$ Difference	% Diff
LifeWise Essential Silver High Deductible	\$411.76	\$14.50	3.5%
Coordinated Care Ambetter Balanced Care 1 (2020)	\$380.76	\$10.70	2.8%
Coordinated Care Ambetter Balanced Care 2 (2020)	\$383.67	\$8.25	2.2%
Coordinated Care Ambetter Balanced Care 3 (2020)	\$390.53	\$7.77	2.0%
Coordinated Care Ambetter Balanced Care 4 (2020)	\$373.04	\$12.07	3.2%
Coordinated Care Ambetter Balanced Care 1 (2020) + Vision	\$385.15	\$10.83	2.8%
Coordinated Care Ambetter Balanced Care 2 (2020) + Vision	\$388.10	\$8.35	2.2%
Coordinated Care Ambetter Balanced Care 3 (2020) + Vision	\$395.04	\$7.86	2.0%
Molina Choice Silver	\$371.73	\$13.88	3.7%
Kaiser Flex Silver - 20	\$397.54	\$11.14	2.8%
Kaiser VisitsPlus Silver HD - 20	\$415.46	\$14.02	3.4%
Premera Blue Cross Preferred Silver EPO 4500	\$505.97	\$17.10	3.4%
Silver HDHP 3500 Exchange EPO UW Medicine	\$438.51	\$23.91	5.5%
LifeWise Essential Silver Low Deductible	\$413.92	\$9.88	2.4%

**Rating Area 1 – Compared to Standard Bronze**

Plan Name	Premium for Age 40, Rating Area 1	Standard Bronze	
		\$ Difference	% Diff
LifeWise Essential Bronze	\$306.83	\$3.72	1.2%
Kaiser Core Bronze HSA - 20	\$304.68	\$2.83	0.9%
Kaiser Flex Bronze - 20	\$310.49	\$0.71	0.2%
Premera Blue Cross Preferred Bronze EPO 6350	\$395.00	\$12.81	3.2%
Premera Blue Cross Preferred Bronze HSA EPO 5250	\$399.62	\$5.85	1.5%
Bridge Span Bronze HDHP 6000 Exchange EPO UW Medicine	\$310.86	\$6.88	2.2%
Bridge Span Bronze Essential 7500 Exchange EPO UW Medicine	\$303.17	\$11.20	3.7%
Bridge Span Bronze Care on Demand 8000 Exchange EPO UW Medicine	\$289.71	\$10.42	3.6%
Coordinated Care Ambetter Essential Care 2 (2020)	\$299.58	\$5.78	1.9%
LifeWise Essential Bronze HSA	\$310.66	\$2.92	0.9%
Core Care Bronze 1	\$288.96	\$6.18	2.1%

**Rating Area 1 – Compared to Standard Bronze HSA**

Plan Name	Premium for Age 40, Rating Area 1	Standard Bronze (HSA)	
		\$ Difference	% Diff
LifeWise Essential Bronze	\$306.83	(\$8.61)	-2.8%
Kaiser Core Bronze HSA - 20	\$304.68	(\$9.43)	-3.1%
Kaiser Flex Bronze - 20	\$310.49	(\$11.78)	-3.8%
Premera Blue Cross Preferred Bronze EPO 6350	\$395.00	(\$3.08)	-0.8%
Premera Blue Cross Preferred Bronze HSA EPO 5250	\$399.62	(\$10.22)	-2.6%
Bridge Span Bronze HDHP 6000 Exchange EPO UW Medicine	\$310.86	(\$5.62)	-1.8%
Bridge Span Bronze Essential 7500 Exchange EPO UW Medicine	\$303.17	(\$0.99)	-0.3%
Bridge Span Bronze Care on Demand 8000 Exchange EPO UW Medicine	\$289.71	(\$1.23)	-0.4%
Coordinated Care Ambetter Essential Care 2 (2020)	\$299.58	(\$6.26)	-2.1%
LifeWise Essential Bronze HSA	\$310.66	(\$9.57)	-3.1%
Core Care Bronze 1	\$288.96	(\$5.44)	-1.9%

**Rating Area 2 – Compared to Standard Gold**

Plan Name	Premium for Age 40, Rating Area 2	Standard Gold	
		\$ Difference	% Diff
LifeWise Essential Gold	\$530.07	\$36.14	6.8%
Coordinated Care Ambetter Secure Care 1 (2020) with 3 Free PCP Visits	\$424.31	(\$9.13)	-2.2%
Molina Choice Gold	\$466.13	\$27.42	5.9%
Kaiser Flex Gold - 20	\$524.09	\$29.59	5.6%
Premera Blue Cross Preferred Gold EPO 1500	\$608.06	\$41.50	6.8%
Coordinated Care Ambetter Secure Care 5 (2020)	\$424.35	\$14.28	3.4%

**Rating Area 2 – Compared to Standard Silver**

Plan Name	Premium for Age 40, Rating Area 2	Standard Silver	
		\$ Difference	% Diff
LifeWise Essential Silver High Deductible	\$490.77	\$17.28	3.5%
Coordinated Care Ambetter Balanced Care 1 (2020)	\$369.41	\$10.38	2.8%
Coordinated Care Ambetter Balanced Care 2 (2020)	\$372.23	\$8.01	2.2%
Coordinated Care Ambetter Balanced Care 3 (2020)	\$378.89	\$7.54	2.0%
Coordinated Care Ambetter Balanced Care 4 (2020)	\$361.92	\$11.71	3.2%
Coordinated Care Ambetter Balanced Care 1 (2020) + Vision	\$373.68	\$10.50	2.8%
Coordinated Care Ambetter Balanced Care 2 (2020) + Vision	\$376.53	\$8.10	2.2%
Coordinated Care Ambetter Balanced Care 3 (2020) + Vision	\$383.27	\$7.63	2.0%
Molina Choice Silver	\$420.06	\$15.69	3.7%
Kaiser Flex Silver - 20	\$457.18	\$12.81	2.8%
Kaiser VisitsPlus Silver HD - 20	\$477.78	\$16.12	3.4%
Premera Blue Cross Preferred Silver EPO 4500	\$532.79	\$18.01	3.4%
LifeWise Essential Silver Low Deductible	\$493.35	\$11.78	2.4%

**Rating Area 2 – Compared to Standard Bronze**

Plan Name	Premium for Age 40, Rating Area 2	Standard Bronze	
		\$ Difference	% Diff
LifeWise Essential Bronze	\$365.72	\$4.44	1.2%
Kaiser Core Bronze HSA - 20	\$350.38	\$3.25	0.9%
Kaiser Flex Bronze - 20	\$357.07	\$0.82	0.2%
Premera Blue Cross Preferred Bronze EPO 6350	\$415.93	\$13.49	3.2%
Premera Blue Cross Preferred Bronze HSA EPO 5250	\$420.80	\$6.16	1.5%
LifeWise Essential Bronze HSA	\$370.27	\$3.48	0.9%
Core Care Bronze 1	\$326.53	\$6.99	2.1%

**Rating Area 2 – Compared to Standard Bronze HSA**

Plan Name	Premium for Age 40, Rating Area 2	Standard Bronze (HSA)	
		\$ Difference	% Diff
LifeWise Essential Bronze	\$365.72	(\$10.27)	-2.8%
Kaiser Core Bronze HSA - 20	\$350.38	(\$10.84)	-3.1%
Kaiser Flex Bronze - 20	\$357.07	(\$13.54)	-3.8%
Premera Blue Cross Preferred Bronze EPO 6350	\$415.93	(\$3.24)	-0.8%
Premera Blue Cross Preferred Bronze HSA EPO 5250	\$420.80	(\$10.76)	-2.6%
LifeWise Essential Bronze HSA	\$370.27	(\$11.40)	-3.1%
Core Care Bronze 1	\$326.53	(\$6.14)	-1.9%

**Rating Area 3 – Compared to Standard Gold**

Plan Name	Premium for Age 40, Rating Area 3	Standard Gold	
		\$ Difference	% Diff
LifeWise Essential Gold	\$534.65	\$36.45	6.8%
Molina Choice Gold	\$466.13	\$27.42	5.9%
Kaiser Northwest KP WA Gold 0/20	\$526.73	(\$10.12)	-1.9%
Kaiser Northwest KP WA Gold 1000/20	\$493.01	\$24.14	4.9%
Bridge Span Gold Essential 1200 Exchange EPO RealValue	\$562.15	\$45.46	8.1%
Premera Blue Cross Preferred Gold EPO 1500	\$617.30	\$42.13	6.8%
Bridge Span Gold Essential 1200 Exchange EPO PeaceHealth	\$572.84	\$46.32	8.1%
Navigator Gold 1500	\$494.55	(\$17.04)	-3.4%
Columbia 1500 Gold	\$547.25	\$33.72	6.2%

**Rating Area 3 – Compared to Standard Silver**

Plan Name	Premium for Age 40, Rating Area 3	Standard Silver	
		\$ Difference	% Diff
LifeWise Essential Silver High Deductible	\$495.01	\$17.43	3.5%
Molina Choice Silver	\$420.06	\$15.69	3.7%
Kaiser Northwest KP WA Silver 2500/35	\$501.42	\$11.34	2.3%
Kaiser Northwest KP WA Silver 3500/35	\$481.35	\$17.34	3.6%
Bridge Span Silver HDHP 3500 Exchange EPO RealValue	\$482.37	\$26.30	5.5%
Premera Blue Cross Preferred Silver EPO 4500	\$540.89	\$18.28	3.4%
Bridge Span Silver HDHP 3500 Exchange EPO PeaceHealth	\$491.58	\$26.80	5.5%
LifeWise Essential Silver Low Deductible	\$497.61	\$11.88	2.4%
Navigator Silver 5000	\$424.77	\$30.78	7.2%
Columbia 4500 Silver	\$491.69	\$24.95	5.1%



**Rating Area 3 – Compared to Standard Bronze**

Plan Name	Premium for Age 40, Rating Area 3	Standard Bronze	
		\$ Difference	% Diff
LifeWise Essential Bronze	\$368.88	\$4.48	1.2%
Kaiser Northwest KP WA Bronze 5000/50	\$354.15	\$10.31	2.9%
Kaiser Northwest KP WA Bronze 6500/50	\$338.43	\$12.65	3.7%
Kaiser Northwest KP WA Bronze 6000/30% H.S.A.	\$324.39	\$7.29	2.2%
Bridge Span Bronze HDHP 6000 Exchange EPO RealValue	\$341.94	\$7.57	2.2%
Premera Blue Cross Preferred Bronze EPO 6350	\$422.25	\$13.69	3.2%
Premera Blue Cross Preferred Bronze HSA EPO 5250	\$427.19	\$6.25	1.5%
Bridge Span Bronze HDHP 6000 Exchange EPO PeaceHealth	\$348.41	\$7.71	2.2%
Bridge Span Bronze Essential 7500 Exchange EPO RealValue	\$333.49	\$12.32	3.7%
Bridge Span Bronze Essential 7500 Exchange EPO PeaceHealth	\$339.83	\$12.55	3.7%
Bridge Span Bronze Care on Demand 8000 Exchange EPO RealValue	\$318.72	\$11.46	3.6%
Bridge Span Bronze Care on Demand 8000 Exchange EPO PeaceHealth	\$324.77	\$11.68	3.6%
LifeWise Essential Bronze HSA	\$373.47	\$3.51	0.9%
Core Care Bronze 1	\$326.53	\$6.99	2.1%
Navigator Bronze HSA 6750	\$322.05	\$6.22	1.9%
Navigator Bronze 7000	\$329.72	\$10.72	3.3%
Columbia 8150 Bronze	\$380.74	\$7.45	2.0%

**Rating Area 3 – Compared to Standard Bronze HSA**

Plan Name	Premium for Age 40, Rating Area 3	Standard Bronze (HSA)	
		\$ Difference	% Diff
LifeWise Essential Bronze	\$368.88	(\$10.36)	-2.8%
Kaiser Northwest KP WA Bronze 5000/50	\$354.15	(\$3.93)	-1.1%
Kaiser Northwest KP WA Bronze 6500/50	\$338.43	(\$0.96)	-0.3%
Kaiser Northwest KP WA Bronze 6000/30% H.S.A.	\$324.39	(\$5.75)	-1.8%
Bridge Span Bronze HDHP 6000 Exchange EPO RealValue	\$341.94	(\$6.18)	-1.8%
Premera Blue Cross Preferred Bronze EPO 6350	\$422.25	(\$3.29)	-0.8%
Premera Blue Cross Preferred Bronze HSA EPO 5250	\$427.19	(\$10.92)	-2.6%
Bridge Span Bronze HDHP 6000 Exchange EPO PeaceHealth	\$348.41	(\$6.30)	-1.8%
Bridge Span Bronze Essential 7500 Exchange EPO RealValue	\$333.49	(\$1.09)	-0.3%
Bridge Span Bronze Essential 7500 Exchange EPO PeaceHealth	\$339.83	(\$1.11)	-0.3%
Bridge Span Bronze Care on Demand 8000 Exchange EPO RealValue	\$318.72	(\$1.35)	-0.4%
Bridge Span Bronze Care on Demand 8000 Exchange EPO PeaceHealth	\$324.77	(\$1.38)	-0.4%
LifeWise Essential Bronze HSA	\$373.47	(\$11.50)	-3.1%
Core Care Bronze 1	\$326.53	(\$6.14)	-1.9%
Navigator Bronze HSA 6750	\$322.05	(\$6.73)	-2.1%
Navigator Bronze 7000	\$329.72	(\$2.54)	-0.8%
Columbia 8150 Bronze	\$380.74	(\$7.86)	-2.1%

### Rating Area 4 – Compared to Standard Gold

Plan Name	Premium for Age 40, Rating Area 4	Standard Gold	
		\$ Difference	% Diff
LifeWise Essential Gold	\$451.93	\$30.81	6.8%
Coordinated Care Ambetter Secure Care 1 (2020) with 3 Free PCP Visits	\$401.48	(\$8.64)	-2.2%
Molina Choice Gold	\$406.31	\$23.91	5.9%
Kaiser Flex Gold - 20	\$496.29	\$28.02	5.6%
Coordinated Care Ambetter Secure Care 5 (2020)	\$401.52	\$13.51	3.4%
Navigator Gold 1500	\$494.55	(\$17.04)	-3.4%
Columbia 1500 Gold	\$499.99	\$30.81	6.2%

### Rating Area 4 – Compared to Standard Silver

Plan Name	Premium for Age 40, Rating Area 4	Standard Silver	
		\$ Difference	% Diff
LifeWise Essential Silver High Deductible	\$418.43	\$14.74	3.5%
Coordinated Care Ambetter Balanced Care 1 (2020)	\$349.54	\$9.82	2.8%
Coordinated Care Ambetter Balanced Care 2 (2020)	\$352.21	\$7.58	2.2%
Coordinated Care Ambetter Balanced Care 3 (2020)	\$358.51	\$7.13	2.0%
Coordinated Care Ambetter Balanced Care 4 (2020)	\$342.45	\$11.08	3.2%
Coordinated Care Ambetter Balanced Care 1 (2020) + Vision	\$353.57	\$9.94	2.8%
Coordinated Care Ambetter Balanced Care 2 (2020) + Vision	\$356.27	\$7.66	2.2%
Coordinated Care Ambetter Balanced Care 3 (2020) + Vision	\$362.65	\$7.22	2.0%
Molina Choice Silver	\$366.16	\$13.68	3.7%
Kaiser Flex Silver - 20	\$432.93	\$12.13	2.8%
Kaiser VisitsPlus Silver HD - 20	\$452.43	\$15.27	3.4%
LifeWise Essential Silver Low Deductible	\$420.62	\$10.04	2.4%
Navigator Silver 5000	\$424.77	\$30.78	7.2%
Columbia 4500 Silver	\$449.23	\$22.80	5.1%

**Rating Area 4 – Compared to Standard Bronze**

Plan Name	Premium for Age 40, Rating Area 4	Standard Bronze	
		\$ Difference	% Diff
LifeWise Essential Bronze	\$311.80	\$3.78	1.2%
Kaiser Core Bronze HSA - 20	\$331.79	\$3.08	0.9%
Kaiser Flex Bronze - 20	\$338.13	\$0.77	0.2%
LifeWise Essential Bronze HSA	\$315.69	\$2.97	0.9%
Core Care Bronze 1	\$284.63	\$6.09	2.1%
Navigator Bronze HSA 6750	\$322.05	\$6.22	1.9%
Navigator Bronze 7000	\$329.72	\$10.72	3.3%
Columbia 8150 Bronze	\$347.86	\$6.80	2.0%

**Rating Area 4 – Compared to Standard Bronze HSA**

Plan Name	Premium for Age 40, Rating Area 4	Standard Bronze (HSA)	
		\$ Difference	% Diff
LifeWise Essential Bronze	\$311.80	(\$8.75)	-2.8%
Kaiser Core Bronze HSA - 20	\$331.79	(\$10.26)	-3.1%
Kaiser Flex Bronze - 20	\$338.13	(\$12.82)	-3.8%
LifeWise Essential Bronze HSA	\$315.69	(\$9.72)	-3.1%
Core Care Bronze 1	\$284.63	(\$5.36)	-1.9%
Navigator Bronze HSA 6750	\$322.05	(\$6.73)	-2.1%
Navigator Bronze 7000	\$329.72	(\$2.54)	-0.8%
Columbia 8150 Bronze	\$347.86	(\$7.18)	-2.1%

**Rating Area 5 – Compared to Standard Gold**

Plan Name	Premium for Age 40, Rating Area 5	Standard Gold	
		\$ Difference	% Diff
LifeWise Essential Gold	\$499.12	\$34.03	6.8%
Coordinated Care Ambetter Secure Care 1 (2020) with 3 Free PCP Visits	\$442.38	(\$9.52)	-2.2%
Molina Choice Gold	\$453.75	\$26.70	5.9%
Kaiser Flex Gold - 20	\$517.71	\$29.23	5.6%
Bridge Span Gold Essential 1200 Exchange EPO MultiCare Connected Care	\$513.91	\$41.56	8.1%
Coordinated Care Ambetter Secure Care 5 (2020)	\$442.41	\$14.88	3.4%
Navigator Gold 1500	\$494.55	(\$17.04)	-3.4%
Columbia 1500 Gold	\$537.09	\$33.09	6.2%

**Rating Area 5 – Compared to Standard Silver**

Plan Name	Premium for Age 40, Rating Area 5	Standard Silver	
		\$ Difference	% Diff
LifeWise Essential Silver High Deductible	\$462.11	\$16.27	3.5%
Coordinated Care Ambetter Balanced Care 1 (2020)	\$385.14	\$10.83	2.8%
Coordinated Care Ambetter Balanced Care 2 (2020)	\$388.08	\$8.35	2.2%
Coordinated Care Ambetter Balanced Care 3 (2020)	\$395.02	\$7.86	2.0%
Coordinated Care Ambetter Balanced Care 4 (2020)	\$377.33	\$12.21	3.2%
Coordinated Care Ambetter Balanced Care 1 (2020) + Vision	\$389.58	\$10.95	2.8%
Coordinated Care Ambetter Balanced Care 2 (2020) + Vision	\$392.56	\$8.44	2.2%
Coordinated Care Ambetter Balanced Care 3 (2020) + Vision	\$399.58	\$7.95	2.0%
Molina Choice Silver	\$408.91	\$15.27	3.7%
Kaiser Flex Silver - 20	\$451.61	\$12.65	2.8%
Kaiser VisitsPlus Silver HD - 20	\$471.96	\$15.93	3.4%
Bridge Span Silver HDHP 3500 Exchange EPO MultiCare Connected Care	\$441.00	\$24.04	5.5%
LifeWise Essential Silver Low Deductible	\$464.54	\$11.09	2.4%
Navigator Silver 5000	\$424.77	\$30.78	7.2%
Columbia 4500 Silver	\$482.56	\$24.49	5.1%

**Rating Area 5 – Compared to Standard Bronze**

Plan Name	Premium for Age 40, Rating Area 5	Standard Bronze	
		\$ Difference	% Diff
LifeWise Essential Bronze	\$344.36	\$4.18	1.2%
Kaiser Core Bronze HSA - 20	\$346.11	\$3.21	0.9%
Kaiser Flex Bronze - 20	\$352.72	\$0.81	0.2%
Bridge Span Bronze HDHP 6000 Exchange EPO MultiCare Connected Care	\$312.61	\$6.92	2.2%
Bridge Span Bronze Essential 7500 Exchange EPO MultiCare Connected Care	\$304.92	\$11.26	3.7%
Bridge Span Bronze Care on Demand 8000 Exchange EPO MultiCare Connected Care	\$291.40	\$10.48	3.6%
Coordinated Care Ambetter Essential Care 2 (2020)	\$303.03	\$5.85	1.9%
LifeWise Essential Bronze HSA	\$348.65	\$3.28	0.9%
Core Care Bronze 1	\$317.86	\$6.80	2.1%
Navigator Bronze HSA 6750	\$322.05	\$6.22	1.9%
Navigator Bronze 7000	\$329.72	\$10.72	3.3%
Columbia 8150 Bronze	\$373.67	\$7.31	2.0%

**Rating Area 5 – Compared to Standard Bronze HSA**

Plan Name	Premium for Age 40, Rating Area 5	Standard Bronze (HSA)	
		\$ Difference	% Diff
LifeWise Essential Bronze	\$344.36	(\$9.67)	-2.8%
Kaiser Core Bronze HSA - 20	\$346.11	(\$10.71)	-3.1%
Kaiser Flex Bronze - 20	\$352.72	(\$13.38)	-3.8%
Bridge Span Bronze HDHP 6000 Exchange EPO MultiCare Connected Care	\$312.61	(\$5.65)	-1.8%
Bridge Span Bronze Essential 7500 Exchange EPO MultiCare Connected Care	\$304.92	(\$1.00)	-0.3%
Bridge Span Bronze Care on Demand 8000 Exchange EPO MultiCare Connected Care	\$291.40	(\$1.24)	-0.4%
Coordinated Care Ambetter Essential Care 2 (2020)	\$303.03	(\$6.34)	-2.1%
LifeWise Essential Bronze HSA	\$348.65	(\$10.74)	-3.1%
Core Care Bronze 1	\$317.86	(\$5.98)	-1.9%
Navigator Bronze HSA 6750	\$322.05	(\$6.73)	-2.1%
Navigator Bronze 7000	\$329.72	(\$2.54)	-0.8%
Columbia 8150 Bronze	\$373.67	(\$7.72)	-2.1%

**Rating Area 6 – Compared to Standard Gold**

Plan Name	Premium for Age 40, Rating Area 6	Standard Gold	
		\$ Difference	% Diff
Coordinated Care Ambetter Secure Care 1 (2020) with 3 Free PCP Visits	\$416.75	(\$8.97)	-2.2%
Coordinated Care Ambetter Secure Care 5 (2020)	\$416.78	\$14.02	3.4%
Kaiser Flex Gold - 20	\$524.09	\$29.59	5.6%
LifeWise Essential Gold	\$461.09	\$31.44	6.8%
Premera Blue Cross Preferred Gold EPO 1500	\$552.63	\$37.72	6.8%
Premera Blue Cross Preferred Gold EPO 1000	\$583.54	\$27.62	4.7%
Columbia 1500 Gold	\$508.12	\$31.31	6.2%

**Rating Area 6 – Compared to Standard Silver**

Plan Name	Premium for Age 40, Rating Area 6	Standard Silver	
		\$ Difference	% Diff
Coordinated Care Ambetter Balanced Care 1 (2020)	\$362.82	\$10.20	2.8%
Coordinated Care Ambetter Balanced Care 2 (2020)	\$365.60	\$7.86	2.2%
Coordinated Care Ambetter Balanced Care 3 (2020)	\$372.14	\$7.40	2.0%
Coordinated Care Ambetter Balanced Care 4 (2020)	\$355.47	\$11.50	3.2%
Coordinated Care Ambetter Balanced Care 1 (2020) + Vision	\$367.01	\$10.32	2.8%
Coordinated Care Ambetter Balanced Care 2 (2020) + Vision	\$369.82	\$7.96	2.2%
Coordinated Care Ambetter Balanced Care 3 (2020) + Vision	\$376.43	\$7.49	2.0%
Kaiser Flex Silver – 20	\$457.18	\$12.81	2.8%
Kaiser VisitsPlus Silver HD - 20	\$477.78	\$16.12	3.4%
LifeWise Essential Silver High Deductible	\$426.91	\$15.03	3.5%
LifeWise Essential Silver Low Deductible	\$429.15	\$10.25	2.4%
Premera Blue Cross Preferred Silver EPO 4500	\$484.22	\$16.36	3.4%
Columbia 4500 Silver	\$456.54	\$23.17	5.1%

**Rating Area 6 – Compared to Standard Bronze**

Plan Name	Premium for Age 40, Rating Area 6	Standard Bronze	
		\$ Difference	% Diff
Kaiser Core Bronze HSA - 20	\$350.38	\$3.25	0.9%
Kaiser Flex Bronze - 20	\$357.07	\$0.82	0.2%
LifeWise Essential Bronze	\$318.13	\$3.86	1.2%
LifeWise Essential Bronze HSA	\$322.09	\$3.03	0.9%
Premera Blue Cross Preferred Bronze EPO 6350	\$378.01	\$12.26	3.2%
Premera Blue Cross Preferred Bronze HSA EPO 5250	\$382.43	\$5.60	1.5%
Columbia 8150 Bronze	\$353.52	\$6.92	2.0%

**Rating Area 6 – Compared to Standard Bronze HSA**

Plan Name	Premium for Age 40, Rating Area 6	Standard Bronze (HSA)	
		\$ Difference	% Diff
Kaiser Core Bronze HSA - 20	\$350.38	(\$10.84)	-3.1%
Kaiser Flex Bronze - 20	\$357.07	(\$13.54)	-3.8%
LifeWise Essential Bronze	\$318.13	(\$8.93)	-2.8%
LifeWise Essential Bronze HSA	\$322.09	(\$9.92)	-3.1%
Premera Blue Cross Preferred Bronze EPO 6350	\$378.01	(\$2.94)	-0.8%
Premera Blue Cross Preferred Bronze HSA EPO 5250	\$382.43	(\$9.78)	-2.6%
Columbia 8150 Bronze	\$353.52	(\$7.30)	-2.1%



**Rating Area 7 – Compared to Standard Gold**

Plan Name	Premium for Age 40, Rating Area 7	Standard Gold	
		\$ Difference	% Diff
Coordinated Care Ambetter Secure Care 1 (2020) with 3 Free PCP Visits	\$461.71	(\$9.94)	-2.2%
Coordinated Care Ambetter Secure Care 5 (2020)	\$461.75	\$15.53	3.4%
LifeWise Essential Gold	\$477.10	\$32.53	6.8%

**Rating Area 7 – Compared to Standard Silver**

Plan Name	Premium for Age 40, Rating Area 7	Standard Silver	
		\$ Difference	% Diff
Coordinated Care Ambetter Balanced Care 1 (2020)	\$401.97	\$11.30	2.8%
Coordinated Care Ambetter Balanced Care 2 (2020)	\$405.04	\$8.71	2.2%
Coordinated Care Ambetter Balanced Care 3 (2020)	\$412.28	\$8.20	2.0%
Coordinated Care Ambetter Balanced Care 4 (2020)	\$393.81	\$12.74	3.2%
Coordinated Care Ambetter Balanced Care 1 (2020) + Vision	\$406.61	\$11.43	2.8%
Coordinated Care Ambetter Balanced Care 2 (2020) + Vision	\$409.71	\$8.81	2.2%
Coordinated Care Ambetter Balanced Care 3 (2020) + Vision	\$417.04	\$8.30	2.0%
LifeWise Essential Silver High Deductible	\$441.73	\$15.56	3.5%
LifeWise Essential Silver Low Deductible	\$444.05	\$10.60	2.4%

**Rating Area 7 – Compared to Standard Bronze**

Plan Name	Premium for Age 40, Rating Area 7	Standard Bronze	
		\$ Difference	% Diff
LifeWise Essential Bronze	\$329.17	\$4.00	1.2%
LifeWise Essential Bronze HSA	\$333.27	\$3.14	0.9%

**Rating Area 7 – Compared to Standard Bronze HSA**

Plan Name	Premium for Age 40, Rating Area 7	Standard Bronze (HSA)	
		\$ Difference	% Diff
LifeWise Essential Bronze	\$329.17	(\$9.24)	-2.8%
LifeWise Essential Bronze HSA	\$333.27	(\$10.27)	-3.1%

### Rating Area 8 – Compared to Standard Gold

Plan Name	Premium for Age 40, Rating Area 8	Standard Gold	
		\$ Difference	% Diff
Coordinated Care Ambetter Secure Care 1 (2020) with 3 Free PCP Visits	\$435.29	(\$9.37)	-2.2%
Coordinated Care Ambetter Secure Care 5 (2020)	\$435.33	\$14.65	3.4%
Kaiser Flex Gold - 20	\$524.09	\$29.59	5.6%
LifeWise Essential Gold	\$492.67	\$33.59	6.8%
Molina Choice Gold	\$418.69	\$24.63	5.9%

### Rating Area 8 – Compared to Standard Silver

Plan Name	Premium for Age 40, Rating Area 8	Standard Silver	
		\$ Difference	% Diff
Coordinated Care Ambetter Balanced Care 1 (2020)	\$378.97	\$10.65	2.8%
Coordinated Care Ambetter Balanced Care 2 (2020)	\$381.86	\$8.21	2.2%
Coordinated Care Ambetter Balanced Care 3 (2020)	\$388.70	\$7.73	2.0%
Coordinated Care Ambetter Balanced Care 4 (2020)	\$371.28	\$12.01	3.2%
Coordinated Care Ambetter Balanced Care 1 (2020) + Vision	\$383.34	\$10.78	2.8%
Coordinated Care Ambetter Balanced Care 2 (2020) + Vision	\$386.27	\$8.31	2.2%
Coordinated Care Ambetter Balanced Care 3 (2020) + Vision	\$393.18	\$7.82	2.0%
Kaiser Flex Silver - 20	\$457.18	\$12.81	2.8%
Kaiser VisitsPlus Silver HD - 20	\$477.78	\$16.12	3.4%
LifeWise Essential Silver High Deductible	\$456.14	\$16.06	3.5%
LifeWise Essential Silver Low Deductible	\$458.54	\$10.95	2.4%
Molina Choice Silver	\$377.31	\$14.09	3.7%

**Rating Area 8 – Compared to Standard Bronze**

Plan Name	Premium for Age 40, Rating Area 8	Standard Bronze	
		\$ Difference	% Diff
Kaiser Core Bronze HSA - 20	\$350.38	\$3.25	0.9%
Kaiser Flex Bronze - 20	\$357.07	\$0.82	0.2%
LifeWise Essential Bronze	\$339.91	\$4.13	1.2%
LifeWise Essential Bronze HSA	\$344.15	\$3.24	0.9%
Core Care Bronze 1	\$293.30	\$6.27	2.1%

**Rating Area 8 – Compared to Standard Bronze HSA**

Plan Name	Premium for Age 40, Rating Area 8	Standard Bronze (HSA)	
		\$ Difference	% Diff
Kaiser Core Bronze HSA - 20	\$350.38	(\$10.84)	-3.1%
Kaiser Flex Bronze - 20	\$357.07	(\$13.54)	-3.8%
LifeWise Essential Bronze	\$339.91	(\$9.54)	-2.8%
LifeWise Essential Bronze HSA	\$344.15	(\$10.60)	-3.1%
Core Care Bronze 1	\$293.30	(\$5.52)	-1.9%

**Rating Area 9 – Compared to Standard Gold**

Plan Name	Premium for Age 40, Rating Area 9	Standard Gold	
		\$ Difference	% Diff
Coordinated Care Ambetter Secure Care 1 (2020) with 3 Free PCP Visits	\$440.28	(\$9.47)	-2.2%
Coordinated Care Ambetter Secure Care 5 (2020)	\$440.31	\$14.81	3.4%
Kaiser Flex Gold - 20	\$524.09	\$29.59	5.6%
LifeWise Essential Gold	\$476.57	\$32.49	6.8%
Columbia 1500 Gold	\$508.12	\$31.31	6.2%

**Rating Area 9 – Compared to Standard Silver**

Plan Name	Premium for Age 40, Rating Area 9	Standard Silver	
		\$ Difference	% Diff
Coordinated Care Ambetter Balanced Care 1 (2020)	\$383.31	\$10.77	2.8%
Coordinated Care Ambetter Balanced Care 2 (2020)	\$386.24	\$8.31	2.2%
Coordinated Care Ambetter Balanced Care 3 (2020)	\$393.15	\$7.82	2.0%
Coordinated Care Ambetter Balanced Care 4 (2020)	\$375.53	\$12.15	3.2%
Coordinated Care Ambetter Balanced Care 1 (2020) + Vision	\$387.73	\$10.90	2.8%
Coordinated Care Ambetter Balanced Care 2 (2020) + Vision	\$390.70	\$8.40	2.2%
Coordinated Care Ambetter Balanced Care 3 (2020) + Vision	\$397.69	\$7.91	2.0%
Kaiser Flex Silver - 20	\$457.18	\$12.81	2.8%
Kaiser VisitsPlus Silver HD - 20	\$477.78	\$16.12	3.4%
LifeWise Essential Silver High Deductible	\$441.24	\$15.54	3.5%
LifeWise Essential Silver Low Deductible	\$443.55	\$10.59	2.4%
Columbia 4500 Silver	\$456.54	\$23.17	5.1%

**Rating Area 9 – Compared to Standard Bronze**

Plan Name	Premium for Age 40, Rating Area 9	Standard Bronze	
		\$ Difference	% Diff
Kaiser Core Bronze HSA - 20	\$350.38	\$3.25	0.9%
Kaiser Flex Bronze - 20	\$357.07	\$0.82	0.2%
LifeWise Essential Bronze	\$328.80	\$3.99	1.2%
LifeWise Essential Bronze HSA	\$332.90	\$3.13	0.9%
Columbia 8150 Bronze	\$353.52	\$6.92	2.0%

**Rating Area 9 – Compared to Standard Bronze HSA**

Plan Name	Premium for Age 40, Rating Area 9	Standard Bronze (HSA)	
		\$ Difference	% Diff
Kaiser Core Bronze HSA - 20	\$350.38	(\$10.84)	-3.1%
Kaiser Flex Bronze - 20	\$357.07	(\$13.54)	-3.8%
LifeWise Essential Bronze	\$328.80	(\$9.23)	-2.8%
LifeWise Essential Bronze HSA	\$332.90	(\$10.25)	-3.1%
Columbia 8150 Bronze	\$353.52	(\$7.30)	-2.1%