2021 Qualified Health Plan and Qualified Dental Plan Certification Requests

September 2020
# TABLE OF CONTENTS

Summary of Exchange Individual Market ........................................... 3  
Summary of Exchange Dental Market ............................................. 4  
Number of Issuers by County ....................................................... 5  
Rating Areas and Rate Information ............................................... 6  
BridgeSpan Health Company ....................................................... 7  
Community Health Network of Washington .................................. 16  
Coordinated Care Corporation ..................................................... 18  
Kaiser Foundation Health Plan of the Northwest ......................... 29  
Kaiser Foundation Health Plan of Washington ........................... 34  
LifeWise Health Plan of Washington ............................................. 40  
Molina Healthcare of Washington, Inc ....................................... 46  
PacificSource Health Plan ......................................................... 49  
Premera Blue Cross ................................................................. 53  
Providence Health Plan ............................................................. 57  
Regence BlueCross BlueShield of Oregon ................................. 59  
Regence BlueShield ................................................................. 63  
United Healthcare of Oregon, Inc ............................................... 67  
Dental Plans .................................................................................. 69  
Appendix I .................................................................................... 73  
Appendix II ................................................................................... 75
# Summary of Exchange Individual Market

## Market Overview

13 Issuers  
115 Individual QHPs  
77 New  
38 Renewals

## Gold

- 13 Issuers  
- 29 Plans  
- 19 New  
- 10 Renewals

## Silver

- 13 Issuers  
- 35 Plans  
- 26 New  
- 9 Renewals

## Bronze

- 13 Issuers  
- 49 Plans  
- 32 New  
- 17 Renewals

## Catastrophic

- 2 Issuers  
- 2 Plans  
- 0 New  
- 2 Renewals

## Cascade Care

<table>
<thead>
<tr>
<th>Cascade Plans (Standard Plans)</th>
<th>Cascade Select (Public Option Plans)</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 Issuers</td>
<td>5 Issuers</td>
</tr>
<tr>
<td>51 Plans</td>
<td>15 Plans</td>
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</table>
## SUMMARY OF EXCHANGE DENTAL MARKET

<table>
<thead>
<tr>
<th>Family Dental</th>
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<tbody>
<tr>
<td>3 Issuers</td>
<td>3 Individual QDPs</td>
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<tr>
<td>2 Low</td>
<td>1 High</td>
</tr>
<tr>
<td>3 Renewals</td>
<td>0 New</td>
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<table>
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<tr>
<th>Pediatric Dental</th>
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</thead>
<tbody>
<tr>
<td>4 Issuers</td>
<td>4 Individual QDPs</td>
</tr>
<tr>
<td>2 Low</td>
<td>2 High</td>
</tr>
<tr>
<td>4 Renewals</td>
<td>0 New</td>
</tr>
</tbody>
</table>
NUMBER OF ISSUERS BY COUNTY

2021

Two Issuers:
Asotin, Garfield, Grays Harbor, Pacific, San Juan, Wahkiakum

Three Issuers:
Adams, Chelan, Clallam, Cowlitz, Douglas, Ferry, Grant, Island, Okanogan, Pend Oreille, Skamania, Stevens, Whatcom

Four Issuers:
Columbia, Jefferson, Klickitat, Lewis, Lincoln, Skagit, Whitman

Five Issuers:
Benton, Franklin, Walla Walla

Six Issuers:
Kittitas, Mason, Snohomish

Seven Issuers:
Clark, Kitsap, Yakima

Eight Issuers:
King, Spokane, Thurston

Nine Issuers:
Pierce

2020

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

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

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

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

Five Issuers:
Thurston

Six 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.
Plan Name:  Gold Essential 1200 Exchange EPO PeaceHealth

Plan Type: EPO
Deductible: $1,200
OOPM: $8,550
Primary Care Visit: $30 copay with deductible;
   4 primary care visits at $30 copay before deductible
Specialist Visit: $30 copay after deductible
Urgent Care: $30 copay after deductible
Generic Drugs: $10 copay

Plan Name: BridgeSpan Cascade Select Gold

Plan Type: EPO
Deductible: $500
OOPM: $5,250
Primary Care Visit: $15 copay
Specialist Visit: $40 copay
Urgent Care: $35 copay
Generic Drugs: $10 copay
Plan Name: BridgeSpan Cascade Gold Legacy LHP Network

Plan Type: EPO
Deductible: $500
OOPM: $5,250
Primary Care Visit: $15 copay
Specialist Visit: $40 copay
Urgent Care: $35 copay
Generic Drugs: $10 copay

Plan Name: BridgeSpan Cascade Gold RealValue Network

Plan Type: EPO
Deductible: $500
OOPM: $5,250
Primary Care Visit: $15 copay
Specialist Visit: $40 copay
Urgent Care: $35 copay
Generic Drugs: $10 copay
Plan Name: Silver Essential 2850 Exchange EPO PeaceHealth

Plan Type: EPO

Deductible: $2,850

OOPM: $8,550

Primary Care Visit: $35 copay with deductible;
4 primary care visits at $35 copay before deductible

Specialist Visit: $35 copay after deductible

Urgent Care: $35 copay after deductible

Generic Drugs: $8 copay

Plan Name: Silver Essential 2850 Exchange EPO RealValue

Plan Type: EPO

Deductible: $2,850

OOPM: $8,550

Primary Care Visit: $35 copay with deductible;
4 primary care visits at $35 copay before deductible

Specialist Visit: $35 copay after deductible

Urgent Care: $35 copay after deductible

Generic Drugs: $8 copay
Plan Name: BridgeSpan Cascade Select Silver

Plan Type: EPO
Deductible: $2,000
OOPM: $7,800
Primary Care Visit: $25 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $20 copay

Plan Name: BridgeSpan Cascade Silver Legacy LHP Network

Plan Type: EPO
Deductible: $2,000
OOPM: $7,800
Primary Care Visit: $25 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $20 copay
Plan Name: BridgeSpan Cascade Silver RealValue Network

Plan Type: EPO
Deductible: $2,000
OOPM: $7,800
Primary Care Visit: $25 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $20 copay

Plan Name: Bronze HDHP 6000 Exchange EPO RealValue

Plan Type: EPO
Deductible: $6,000
OOPM: $7,000
Primary Care Visit: 50% coinsurance after deductible
Specialist Visit: 50% coinsurance after deductible
Urgent Care: 50% coinsurance after deductible
Generic Drugs: 30% coinsurance after deductible
Plan Name: Bronze Care on Demand 8000 Exchange
EPO PeaceHealth

Plan Type: EPO
Deductible: $8,000
OOPM: $8,550
Primary Care Visit: 20% coinsurance after deductible
Specialist Visit: 20% coinsurance after deductible
Urgent Care: 20% coinsurance after deductible
Generic Drugs: $15 copay

Plan Name: Bronze Care on Demand 8000 Exchange
EPO RealValue

Plan Type: EPO
Deductible: $8,000
OOPM: $8,550
Primary Care Visit: 20% coinsurance after deductible
Specialist Visit: 20% coinsurance after deductible
Urgent Care: 20% coinsurance after deductible
Generic Drugs: $15 copay
Plan Name: Bronze Essential 7500 Exchange EPO PeaceHealth

Plan Type: EPO
Deductible: $7,500
OOPM: $8,550
Primary Care Visit: $60 copay with deductible;
  4 primary care visits at $60 copay before deductible
Specialist Visit: $60 copay after deductible
Urgent Care: $60 copay after deductible
Generic Drugs: $15 copay

Plan Name: Bronze Essential 7500 Exchange EPO RealValue

Plan Type: EPO
Deductible: $7,500
OOPM: $8,550
Primary Care Visit: $60 copay with deductible;
  4 primary care visits at $60 copay before deductible
Specialist Visit: $60 copay after deductible
Urgent Care: $60 copay after deductible
Generic Drugs: $15 copay
<table>
<thead>
<tr>
<th>Plan Name: BridgeSpan Cascade Select Bronze</th>
<th>Plan Name: BridgeSpan Cascade Bronze Legacy LHP Network</th>
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<tbody>
<tr>
<td>Plan Type: EPO</td>
<td>Plan Type: EPO</td>
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<tr>
<td>Deductible: $6,000</td>
<td>Deductible: $6,000</td>
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<tr>
<td>OOPM: $8,550</td>
<td>OOPM: $8,550</td>
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<tr>
<td>Primary Care Visit: $50 copay</td>
<td>Primary Care Visit: $50 copay</td>
</tr>
<tr>
<td>Specialist Visit: $100 copay after deductible</td>
<td>Specialist Visit: $100 copay after deductible</td>
</tr>
<tr>
<td>Urgent Care: $100 copay</td>
<td>Urgent Care: $100 copay</td>
</tr>
<tr>
<td>Generic Drugs: $32 copay</td>
<td>Generic Drugs: $32 copay</td>
</tr>
</tbody>
</table>

Premium: $336 (Rating Area 6)  
Premium: $343 (Rating Area 3)  
1 County: Kittitas  
1 County: Clark
Plan Name: BridgeSpan Cascade Bronze RealValue Network

Plan Type: EPO

Deductible: $6,000

OOPM: $8,550

Primary Care Visit: $50 copay

Specialist Visit: $100 copay after deductible

Urgent Care: $100 copay

Generic Drugs: $32 copay

Metal Level: BRONZE

Premium Range:
Low: $320 (Rating Area 4)
High: $362 (Rating Area 2)

13 Counties: Benton, Columbia, Franklin, King, Kitsap, Klickitat, Pierce, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Yakima
Plan Name: Community Health Network of Washington
Cascade Select Gold

Metal Level: GOLD

Premium Range:
Low: $420 (Rating Area 4)
High: $483 (Rating Area 2)

Plan Type: EPO
Deductible: $500
OOPM: $5,250
Primary Care Visit: $15 copay
Specialist Visit: $40 copay
Urgent Care: $35 copay
Generic Drugs: $10 copay

9 Counties: Chelan, Douglas, Grant, Kitsap, Kittitas, Okanogan, Pierce, Spokane, Yakima

Plan Name: Community Health Network of Washington
Cascade Select Silver

Metal Level: SILVER

Premium Range:
Low: $392 (Rating Area 4)
High: $451 (Rating Area 2)

Plan Type: EPO
Deductible: $2,000
OOPM: $7,800
Primary Care Visit: $25 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $20 copay

9 Counties: Chelan, Douglas, Grant, Kitsap, Kittitas, Okanogan, Pierce, Spokane, Yakima
Plan Name: Community Health Network of Washington
Cascade Select Bronze

Plan Type: EPO
Deductible: $6,000
OOPM: $8,550
Primary Care Visit: $50 copay
Specialist Visit: $100 copay after deductible
Urgent Care: $100 copay
Generic Drugs: $32 copay

Metal Level: BRONZE

Premium Range:
Low: $307 (Rating Area 4)
High: $353 (Rating Area 2)

9 Counties: Chelan, Douglas, Grant, Kitsap, Kittitas, Okanogan, Pierce, Spokane, Yakima
Plan Name: Ambetter Secure Care 5 (2021)

Plan Type: HMO
Deductible: $1,450
OOPM: $6,300
Primary Care Visit: $15 copay
Specialist Visit: $35 copay
Urgent Care: $35 copay
Generic Drugs: $15 copay

27 Counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whitman, Yakima

Plan Name: Ambetter Secure Care 5 (2021) + Vision

Plan Type: HMO
Deductible: $1,450
OOPM: $6,300
Primary Care Visit: $15 copay
Specialist Visit: $35 copay
Urgent Care: $35 copay
Generic Drugs: $15 copay

27 Counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whitman, Yakima
Plan Name:  Ambetter Secure Care 1 (2021) with 3 Free PCP Visits

Plan Type:  HMO

Deductible:  $1,050 Medical; $500 Drug

OOPM:  $6,450

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

Specialist Visit:  20% Coinsurance after deductible

Urgent Care:  20% Coinsurance after deductible

Generic Drugs:  $10 copay

Plan Name:  Ambetter Secure Care 1 (2021) with 3 Free PCP Visits + Vision

Plan Type:  HMO

Deductible:  $1,050 Medical; $500 Drug

OOPM:  $6,450

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

Specialist Visit:  20% Coinsurance after deductible

Urgent Care:  20% Coinsurance after deductible

Generic Drugs:  $10 copay

Premium Range:  
Low: $389 (Rating Area 4)  
High: $475 (Rating Area 7)
Plan Name: Ambetter Cascade Gold

Plan Type: HMO
Deductible: $500
OOPM: $5,250
Primary Care Visit: $15 copay
Specialist Visit: $40 copay
Urgent Care: $35 copay
Generic Drugs: $10 copay

Premium Range:
Low: $432 (Rating Area 4)
High: $527 (Rating Area 7)

Metal Level: GOLD

Plan Name: Ambetter Cascade Select Gold

Plan Type: HMO
Deductible: $500
OOPM: $5,250
Primary Care Visit: $15 copay
Specialist Visit: $40 copay
Urgent Care: $35 copay
Generic Drugs: $10 copay

Premium: $483
(Rating Area 9)

Metal Level: GOLD
Plan Name:  Ambetter Balanced Care 1 (2021)

- Plan Type: HMO
- Deductible: $5,650
- OOPM: $7,350
- Primary Care Visit: $30 copay
- Specialist Visit: $60 copay
- Urgent Care: $60 copay
- Generic Drugs: $10 copay

Metal Level: SILVER

Premium Range:
Low: $344 (Rating Area 4)
High: $420 (Rating Area 7)

27 Counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whitman, Yakima

Plan Name:  Ambetter Balanced Care 4 (2021)

- Plan Type: HMO
- Deductible: $6,900
- OOPM: $6,900
- Primary Care Visit: $30 copay
- Specialist Visit: $60 copay
- Urgent Care: $60 copay
- Generic Drugs: $15 copay

Metal Level: SILVER

Premium Range:
Low: $345 (Rating Area 4)
High: $421 (Rating Area 7)

27 Counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whitman, Yakima
Plan Name: Ambetter Balanced Care 1 (2021) + Vision

Plan Type: HMO
Deductible: $5,650
OOPM: $7,350
Primary Care Visit: $30 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $10 copay

Premium Range:
Low: $348 (Rating Area 4)
High: $424 (Rating Area 7)

27 Counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whitman, Yakima

Plan Name: Ambetter Balanced Care 71 (2021)

Plan Type: HMO
Deductible: $4,500
OOPM: $6,900
Primary Care Visit: $30 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $20 copay

Premium Range:
Low: $354 (Rating Area 4)
High: $432 (Rating Area 7)

27 Counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Jefferson, King, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whitman, Yakima
Plan Name: Ambetter Balanced Care 4 (2021) + Vision

Metal Level: SILVER

Premium Range:
Low: $349 (Rating Area 4)
High: $426 (Rating Area 7)

Plan Type: HMO

Deductible: $4,500

OOPM: $6,900

Primary Care Visit: $30 copay

Specialist Visit: $60 copay

Urgent Care: $60 copay

Generic Drugs: $15 copay

27 Counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whitman, Yakima

Plan Name: Ambetter Balanced Care 71 (2021) + Vision

Metal Level: SILVER

Premium Range:
Low: $358 (Rating Area 4)
High: $437 (Rating Area 7)

Plan Type: HMO

Deductible: $4,500

OOPM: $6,900

Primary Care Visit: $30 copay

Specialist Visit: $60 copay

Urgent Care: $60 copay

Generic Drugs: $20 copay

27 Counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whitman, Yakima
Plan Name: Ambetter Cascade Silver

Plan Type: HMO

Deductible: $2,000

OOPM: $7,800

Primary Care Visit: $25 copay

Specialist Visit: $60 copay

Urgent Care: $60 copay

Generic Drugs: $20 copay

Plan Name: Ambetter Cascade Select Silver

Plan Type: HMO

Deductible: $2,000

OOPM: $7,800

Primary Care Visit: $25 copay

Specialist Visit: $60 copay

Urgent Care: $60 copay

Generic Drugs: $20 copay
Plan Name: Ambetter Essential Care 1 (2021)

Plan Type: HMO
Deductible: $8,300
OOPM: $8,300
Primary Care Visit: No charge after deductible
Specialist Visit: No charge after deductible
Urgent Care: No charge after deductible
Generic Drugs: $25 copay

Plan Name: Ambetter Essential Care 5 (2021)

Plan Type: HMO
Deductible: $8,100
OOPM: $8,500
Primary Care Visit: $40 copay
Specialist Visit: $90 copay
Urgent Care: $50 copay
Generic Drugs: $30 copay
Plan Name: Ambetter Essential Care 10 (2021)

Plan Type: HMO
Deductible: $7,200
OOPM: $8,400
Primary Care Visit: 50% coinsurance
Specialist Visit: 50% coinsurance after deductible
Urgent Care: $60 copay
Generic Drugs: $25 copay

27 Counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whitman, Yakima

Plan Name: Ambetter Essential Care 1 (2021) + Vision

Plan Type: HMO
Deductible: $8,300
OOPM: $8,300
Primary Care Visit: No charge after deductible
Specialist Visit: No charge after deductible
Urgent Care: No charge after deductible
Generic Drugs: $25 copay

27 Counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whitman, Yakima
Plan Name: Ambetter Essential Care 5 (2021) + Vision

- **Plan Type:** HMO
- **Deductible:** $8,100
- **OOPM:** $8,500
- **Primary Care Visit:** $40 copay
- **Specialist Visit:** $90 copay
- **Urgent Care:** $50 copay
- **Generic Drugs:** $30 copay

Premium Range:
- Low: $277 (Rating Area 4)
- High: $337 (Rating Area 7)

Metal Level: BRONZE

27 Counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whitman, Yakima

Plan Name: Ambetter Essential Care 10 (2021) + Vision

- **Plan Type:** HMO
- **Deductible:** $7,200
- **OOPM:** $8,400
- **Primary Care Visit:** 50% coinsurance
- **Specialist Visit:** 50% coinsurance after deductible
- **Urgent Care:** $60 copay
- **Generic Drugs:** $25 copay

Premium Range:
- Low: $263 (Rating Area 4)
- High: $321 (Rating Area 7)

Metal Level: BRONZE

27 Counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whitman, Yakima
Plan Name: Ambetter Cascade Bronze

Plan Type: HMO
Deductible: $6,000
OOPM: $8,550
Primary Care Visit: $50 copay
Specialist Visit: $100 copay after deductible
Urgent Care: $100 copay
Generic Drugs: $32 copay

Metal Level: BRONZE
Premium Range:
Low: $269 (Rating Area 4)
High: $328 (Rating Area 7)

27 Counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whitman, Yakima

Plan Name: Ambetter Cascade Select Bronze

Plan Type: HMO
Deductible: $6,000
OOPM: $8,550
Primary Care Visit: $50 copay
Specialist Visit: $100 copay after deductible
Urgent Care: $100 copay
Generic Drugs: $32 copay

Metal Level: BRONZE
Premium: $301
(Rating Area 9)

1 County: Asotin
Plan Name: KP WA Gold 0/20

Plan Type: EPO
Deductible: $0
OOPM: $7,900
Primary Care Visit: $20 copay
Specialist Visit: $50 copay
Urgent Care: $40 copay
Generic Drugs: $10 copay

Premium Range:
Low: $496 (Rating Area 3)
High: $521 (Rating Area 2)

2 Counties: Clark and Cowlitz

Plan Name: KP WA Gold 1500/30

Plan Type: EPO
Deductible: $1,500
OOPM: $7,900
Primary Care Visit: $30 copay
Specialist Visit: $50 copay
Urgent Care: $40 copay
Generic Drugs: $15 copay

Premium Range:
Low: $461 (Rating Area 3)
High: $484 (Rating Area 2)

2 Counties: Clark and Cowlitz
Plan Name: KP Cascade Gold

Plan Type: EPO

Deductible: $500

OOPM: $5,250

Primary Care Visit: $15 copay

Specialist Visit: $40 copay

Urgent Care: $35 copay

Generic Drugs: $10 copay

Plan Name: KP WA Silver 2500/40

Plan Type: EPO

Deductible: $2,500

OOPM: $8,550

Primary Care Visit: $40 copay

Specialist Visit: $65 copay

Urgent Care: $50 copay

Generic Drugs: $25 copay
**Plan Name: KP Cascade Silver**

**Plan Type:** EPO  
**Deductible:** $2,000  
**OOPM:** $7,800  
**Primary Care Visit:** $25 copay  
**Specialist Visit:** $60 copay  
**Urgent Care:** $60 copay  
**Generic Drugs:** $20 copay  

**Premium Range:**  
Low: $499 (Rating Area 3)  
High: $524 (Rating Area 2)  

2 Counties: Clark and Cowlitz

---

**Plan Name: KP WA Bronze 6350/65**

**Plan Type:** EPO  
**Deductible:** $6,350  
**OOPM:** $8,550  
**Primary Care Visit:** $65 copay  
**Specialist Visit:** $95 copay after deductible  
**Urgent Care:** 35% coinsurance after deductible  
**Generic Drugs:** $30 copay after deductible  

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

2 Counties: Clark and Cowlitz
Plan Name: KP WA Bronze 8550/75

Plan Type: EPO
Deductible: $8,550
OOPM: $8,550
Primary Care Visit: $75 copay
Specialist Visit: No charge after deductible
Urgent Care: No charge after deductible
Generic Drugs: $30 copay

Plan Name: KP WA Bronze 6900/0% HSA

Plan Type: EPO
Deductible: $6,900
OOPM: $6,900
Primary Care Visit: No charge after deductible
Specialist Visit: No charge after deductible
Urgent Care: No charge after deductible
Generic Drugs: No charge after deductible
Plan Name: KP Cascade Bronze

Plan Type: EPO

Deductible: $6,000

OOPM: $8,500

Primary Care Visit: $50 copay

Specialist Visit: $100 copay after deductible

Urgent Care: $100 copay

Generic Drugs: $32 copay

Metal Level: BRONZE

Premium Range:
Low: $335 (Rating Area 3)
High: $352 (Rating Area 2)

2 Counties: Clark and Cowlitz
Plan Name: Flex Gold - 21

Plan Type: HMO
Deductible: $1,150
OOPM: $7,900
Primary Care Visit: $20 copay after deductible; 5 primary care visits at $20 copay
Specialist Visit: $45 copay after deductible
Urgent Care: $20 copay after deductible
Generic Drugs: $10 copay

Plan Name: Kaiser Permanente Cascade Gold

Plan Type: HMO
Deductible: $500
OOPM: $5,250
Primary Care Visit: $15 copay
Specialist Visit: $40 copay
Urgent Care: $35 copay
Generic Drugs: $10 copay
Plan Name: Flex Silver - 21

Plan Type: HMO
Deductible: $1,800
OOPM: $7,900
Primary Care Visit: 4 primary care visits at $20 copay; $20 copay after deductible
Specialist Visit: $45 copay after deductible
Urgent Care: $20 copay after deductible
Generic Drugs: $10 copay

Plan Name: Virtual Plus Silver - 21

Plan Type: HMO
Deductible: $3,000
OOPM: $8,100
Primary Care Visit: No charge (Virtual and 1st in-person); $20 copay in-person with referral
Specialist Visit: No charge (Virtual); $40 copay in-person with referral
Urgent Care: $20 copay
Generic Drugs: $15 copay
Plan Name: Kaiser Permanente Cascade Silver

Plan Type: HMO
Deductible: $2,000
OOPM: $7,800
Primary Care Visit: $25 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $20 copay

Plan Name: Bronze - 21

Plan Type: HMO
Deductible: $7,500
OOPM: $8,550
Primary Care Visit: 40% coinsurance after deductible
Specialist Visit: 40% coinsurance after deductible
Urgent Care: 40% coinsurance after deductible
Generic Drugs: 40% coinsurance after deductible
Plan Name: Bronze HSA - 21

Plan Type: HMO
Deductible: $6,050
OOPM: $6,900
Primary Care Visit: 40% coinsurance after deductible
Specialist Visit: 40% coinsurance after deductible
Urgent Care: 40% coinsurance after deductible
Generic Drugs: 40% coinsurance after deductible

Plan Name: Flex Bronze - 21

Plan Type: HMO
Deductible: $5,500
OOPM: $8,550
Primary Care Visit: 3 primary care visits at $40 copay; 20% coinsurance after deductible
Specialist Visit: 20% coinsurance after deductible
Urgent Care: 20% coinsurance after deductible
Generic Drugs: $25 copay

Premium Range:
Low: $289 (Rating Area 1)
High: $332 (Rating Area 2, 6, 8, 9)

18 Counties: Benton, Columbia, Franklin, Island, King, Kitsap, Kittitas, Lewis, Mason, Pierce, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman, Yakima
Plan Name: Virtual Plus Bronze - 21

Plan Type: HMO
Deductible: $8,550
OOPM: $8,550

Primary Care Visit: No charge (Virtual and 1st in-person);
$50 copay in-person with referral

Specialist Visit: No charge (Virtual);
$110 copay in-person with referral

Urgent Care: $50 copay

Generic Drugs: $30 copay

Plan Name: Kaiser Permanente Cascade Bronze

Plan Type: HMO
Deductible: $6,000
OOPM: $8,550

Primary Care Visit: $50 copay

Specialist Visit: $100 copay after deductible

Urgent Care: $100 copay

Generic Drugs: $32 copay
Plan Name: Basics Plus Catastrophic Plan - 21

Plan Type: HMO
Deductible: $8,550
OOPM: $8,550

Primary Care Visit: No charge after deductible
Specialist Visit: No charge after deductible
Urgent Care: No charge after deductible
Generic Drugs: No charge after deductible

Metal Level: CATASTROPHIC

Premium Range:
Low: $240 (Rating Area 1)
High: $276 (Rating Area 2, 6, 8, 9)

18 Counties: Benton, Columbia, Franklin, Island, King, Kitsap, Kittitas, Lewis, Mason, Pierce, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman, Yakima
Plan Name: LifeWise Essential Gold

Plan Type: EPO

Deductible: $1,000

OOPM: $6,600

Primary Care Visit: $30 copay

Specialist Visit: $60 copay

Urgent Care: $60 copay

Generic Drugs: $10 copay

Premium Range
Low: $435 (Rating Area 1)
High: $523 (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

Plan Name: LifeWise Cascade Gold

Plan Type: EPO

Deductible: $500

OOPM: $5,250

Primary Care Visit: $15 copay

Specialist Visit: $40 copay

Urgent Care: $35 copay

Generic Drugs: $10 copay

Premium Range
Low: $490 (Rating Area 1)
High: $589 (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
Plan Name: LifeWise Cascade Select Gold

Plan Type: EPO
Deductible: $500
OOPM: $5,250
Primary Care Visit: $15 copay
Specialist Visit: $40 copay
Urgent Care: $35 copay
Generic Drugs: $10 copay

Plan Name: LifeWise Essential Silver High Deductible

Plan Type: EPO
Deductible: $3,500
OOPM: $7,200
Primary Care Visit: $25 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $10 copay
Plan Name: LifeWise Essential Silver Low Deductible

Plan Type: EPO

Deductible: $2,600

OOPM: $7,550

Primary Care Visit: $25 copay

Specialist Visit: $55 copay

Urgent Care: $55 copay

Generic Drugs: $20 copay

Metal Level: SILVER

Premium Range
Low: $410 (Rating Area 1)
High: $493 (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

Plan Name: LifeWise Cascade Silver

Plan Type: EPO

Deductible: $2,000

OOPM: $7,800

Primary Care Visit: $25 copay

Specialist Visit: $60 copay

Urgent Care: $60 copay

Generic Drugs: $20 copay

Metal Level: SILVER

Premium Range
Low: $428 (Rating Area 1)
High: $515 (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
Plan Name: LifeWise Cascade Select Silver

Plan Type: EPO
Deductible: $2,000
OOPM: $7,800
Primary Care Visit: $25 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $20 copay

Plan Name: LifeWise Essential Bronze

Plan Type: EPO
Deductible: $6,450
OOPM: $8,500
Primary Care Visit: $30 copay
Specialist Visit: 30% coinsurance after deductible
Urgent Care: $60 copay
Generic Drugs: $20 copay
Plan Name: LifeWise Essential Bronze HSA

Plan Type: EPO
Deductible: $6,100
OOPM: $6,900
Primary Care Visit: 40% coinsurance after deductible
Specialist Visit: 40% coinsurance after deductible
Urgent Care: 40% coinsurance after deductible
Generic Drugs: 40% coinsurance after deductible

Metal Level: BRONZE

Premium Range
Low: $296 (Rating Area 1)
High: $356 (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

Plan Name: LifeWise Essential Bronze II

Plan Type: EPO
Deductible: $7,100
OOPM: $8,550
Primary Care Visit: $50 copay
Specialist Visit: 40% coinsurance after deductible
Urgent Care: $60 copay
Generic Drugs: $35 copay

Metal Level: BRONZE

Premium Range
Low: $289 (Rating Area 1)
High: $347 (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
Plan Name: LifeWise Cascade Bronze

Plan Type: EPO
Deductible: $6,000
OOPM: $8,550
Primary Care Visit: $50 copay
Specialist Visit: $100 copay after deductible
Urgent Care: $100 copay
Generic Drugs: $32 copay

Plan Name: LifeWise Cascade Select Bronze

Plan Type: EPO
Deductible: $6,000
OOPM: $8,550
Primary Care Visit: $50 copay
Specialist Visit: $100 copay after deductible
Urgent Care: $100 copay
Generic Drugs: $32 copay
Plan Name: Molina Gold Choice

Plan Type: HMO
Deductible: $2,925
OOPM: $6,500
Primary Care Visit: $10 copay
Specialist Visit: $50 copay
Urgent Care: $10 copay
Generic Drugs: $10 copay

Metal Level: GOLD

Premium Range:
Low: $396 (Rating Area 4)
High: $453 (Rating Area 2)

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

Plan Name: Molina Cascade Gold

Plan Type: HMO
Deductible: $500
OOPM: $5,250
Primary Care Visit: $15 copay
Specialist Visit: $40 copay
Urgent Care: $35 copay
Generic Drugs: $10 copay

Metal Level: GOLD

Premium Range:
Low: $412 (Rating Area 4)
High: $472 (Rating Area 2)

14 Counties: Clark, Ferry, King, Kitsap, Klickitat, Lincoln, Mason, Pend Oreille, Pierce, Skamania, Snohomish, Spokane, Stevens, Thurston
Plan Name: Constant Care Silver 1

Plan Type: HMO
Deductible: $800 - Drug
OOPM: $8,000
Primary Care Visit: $30 copay
Specialist Visit: $60 copay
Urgent Care: $30 copay
Generic Drugs: $20 copay

Plan Name: Molina Cascade Silver

Plan Type: HMO
Deductible: $2,000
OOPM: $7,800
Primary Care Visit: $25 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $20 copay
### Plan Name: Core Care Bronze 1

- **Plan Type:** HMO
- **Deductible:** $3,000 - Drug
- **OOPM:** $8,550
- **Primary Care Visit:** $60 copay
- **Specialist Visit:** $150 copay
- **Urgent Care:** $60 copay
- **Generic Drugs:** $27 copay

### Plan Name: Molina Cascade Bronze

- **Plan Type:** HMO
- **Deductible:** $6,000
- **OOPM:** $8,500
- **Primary Care Visit:** $50 copay
- **Specialist Visit:** $100 copay after deductible
- **Urgent Care:** $100 copay
- **Generic Drugs:** $32 copay
Plan Name: PacificSource Cascade Gold

Plan Type: PPO
Deductible: $500
OOPM: $5,250
Primary Care Visit: $15 copay
Specialist Visit: $40 copay
Urgent Care: $35 copay
Generic Drugs: $10 copay
Plan Name: Navigator Silver 5000

Plan Type: PPO

Deductible: $5,000

OOPM: $5,750

Primary Care Visit: $15 copay

Specialist Visit: $30 copay

Urgent Care: $15 copay

Generic Drugs: 30% Coinsurance after deductible

Plan Name: PacificSource Cascade Silver

Plan Type: PPO

Deductible: $2,000

OOPM: $7,800

Primary Care Visit: $25 copay

Specialist Visit: $60 copay

Urgent Care: $60 copay

Generic Drugs: $20 copay
Plan Name: Navigator Bronze 7000

Plan Type: PPO

Deductible: $7,000

OOPM: $8,550

Primary Care Visit: $35 copay

Specialist Visit: 40% coinsurance after deductible

Urgent Care: $35 copay

Generic Drugs: 40% coinsurance after deductible

Plan Name: Navigator Bronze HSA 6900

Plan Type: PPO

Deductible: $6,900

OOPM: $6,900

Primary Care Visit: No charge after deductible

Specialist Visit: No charge after deductible

Urgent Care: No charge after deductible

Generic Drugs: No charge after deductible
Plan Name: PacificSource Cascade Bronze

Plan Type: PPO

Deductible: $6,000

OOPM: $8,550

Primary Care Visit: $50 copay

Specialist Visit: $100 copay after deductible

Urgent Care: $100 copay

Generic Drugs: $32 copay

Plan Name: Navigator Catastrophic

Plan Type: PPO

Deductible: $8,550

OOPM: $8,550

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

Specialist Visit: No charge after deductible

Urgent Care: No charge after deductible

Generic Drugs: No charge after deductible
Plan Name: Premera Blue Cross Preferred Gold EPO

Plan Type: EPO
Deductible: $1,500
OOPM: $6,800
Primary Care Visit: $15 copay after two free visits
Specialist Visit: $45 copay
Urgent Care: $45 copay
Generic Drugs: $10 copay

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

Plan Name: Premera Blue Cross Cascade Gold

Plan Type: EPO
Deductible: $500
OOPM: $5,250
Primary Care Visit: $15 copay
Specialist Visit: $40 copay
Urgent Care: $35 copay
Generic Drugs: $10 copay

7 Counties: Franklin, Grays Harbor, King, Kitsap, Pacific, Skamania, Wahkiakum
Plan Name: Premera Blue Cross Preferred Silver EPO

**Plan Type:** EPO

**Deductible:** $4,100

**OOPM:** $6,600

**Primary Care Visit:** $25 copay after two free visits

**Specialist Visit:** $60 copay

**Urgent Care:** $60 copay

**Generic Drugs:** $25 copay

Premium Range:
- Low: $453 (Rating Area 6)
- High: $506 (Rating Area 3)

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

Plan Name: Premera Blue Cross Cascade Silver

**Plan Type:** EPO

**Deductible:** $2,000

**OOPM:** $7,800

**Primary Care Visit:** $25 copay

**Specialist Visit:** $60 copay

**Urgent Care:** $60 copay

**Generic Drugs:** $20 copay

Premium Range:
- Low: $482 (Rating Area 6)
- High: $538 (Rating Area 3)

7 Counties: Franklin, Grays Harbor, King, Kitsap, Pacific, Skamania, Wahkiakum
Plan Name: Premera Blue Cross Preferred Bronze EPO

Plan Type: EPO
Deductible: $6,350
OOPM: $8,200
Primary Care Visit: $50 copay after two free visits
Specialist Visit: 40% coinsurance after deductible
Urgent Care: $60 copay
Generic Drugs: $30 copay

Plan Name: Premera Blue Cross Preferred Bronze HSA EPO 6100

Plan Type: EPO
Deductible: $6,100
OOPM: $6,900
Primary Care Visit: 40% coinsurance after deductible
Specialist Visit: 40% coinsurance after deductible
Urgent Care: 40% coinsurance after deductible
Generic Drugs: 40% coinsurance after deductible
Plan Name: Premera Blue Cross Cascade Bronze

Plan Type: EPO

Deductible: $6,000

OOPM: $8,550

Primary Care Visit: $50 copay

Specialist Visit: $100 copay after deductible

Urgent Care: $100 copay

Generic Drugs: $32 copay

Premium Range:
Low: $343 (Rating Area 6)
High: $384 (Rating Area 3)

7 Counties: Franklin, Grays Harbor, King, Kitsap, Pacific, Skamania, Wahkiakum
Plan Name: Providence Cascade Gold

Plan Type: EPO
Deductible: $500
OOPM: $5,250
Primary Care Visit: $15 copay
Specialist Visit: $40 copay
Urgent Care: $35 copay
Generic Drugs: $10 copay

Plan Name: Providence Cascade Silver

Plan Type: EPO
Deductible: $2,000
OOPM: $7,800
Primary Care Visit: $25 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $20 copay
Plan Name: Providence Cascade Bronze

Plan Type: EPO

Deductible: $6,000

OOPM: $8,550

Primary Care Visit: $50 copay

Specialist Visit: $100 copay after deductible

Urgent Care: $100 copay

Generic Drugs: $32 copay
Plan Name: Regence Cascade Gold

Plan Type: EPO
Deductible: $500
OOPM: $5,250
Primary Care Visit: $15 copay
Specialist Visit: $40 copay
Urgent Care: $35 copay
Generic Drugs: $10 copay

Plan Name: Alliance Silver 3000 Exchange EPO Legacy LHP

Plan Type: EPO
Deductible: $3,000
OOPM: $8,550
Primary Care Visit: $10 copay
Specialist Visit: $70 copay
Urgent Care: $70 copay
Generic Drugs: $8 copay
Plan Name: Regence Cascade Silver

- Plan Type: EPO
- Deductible: $2,000
- OOPM: $7,800
- Primary Care Visit: $25 copay
- Specialist Visit: $60 copay
- Urgent Care: $60 copay
- Generic Drugs: $20 copay

Plan Name: Alliance Bronze HDHP 5700 Exchange EPO Legacy LHP

- Plan Type: EPO
- Deductible: $5,700
- OOPM: $7,000
- Primary Care Visit: 50% coinsurance after deductible
- Specialist Visit: 50% coinsurance after deductible
- Urgent Care: 50% coinsurance after deductible
- Generic Drugs: 30% coinsurance after deductible
### Plan Name: Alliance Bronze Essential 7500 Exchange EPO Legacy LHP

- **Plan Type:** EPO  
- **Deductible:** $7,500  
- **OOPM:** $8,550  
- **Primary Care Visit:** $60 copay with deductible; 4 primary care visits at $60 copay before deductible  
- **Specialist Visit:** $60 copay with deductible  
- **Urgent Care:** $60 copay with deductible  
- **Generic Drugs:** $15 copay

### Plan Name: Alliance Bronze Care on Demand 8000 Exchange EPO Legacy LHP

- **Plan Type:** EPO  
- **Deductible:** $8,000  
- **OOPM:** $8,550  
- **Primary Care Visit:** 20% coinsurance after deductible  
- **Specialist Visit:** 20% coinsurance after deductible  
- **Urgent Care:** 20% coinsurance after deductible  
- **Generic Drugs:** $15 copay
Plan Name: Regence Cascade Bronze

Plan Type: EPO

Deductible: $6,000

OOPM: $8,550

Primary Care Visit: $50 copay

Specialist Visit: $100 copay after deductible

Urgent Care: $100 copay

Generic Drugs: $32 copay

Metal Level: BRONZE

Premium: $347
(Rating Area 3)

1 County: Clark
**Plan Name: Regence Cascade Gold**  
Individual and Family Network

<table>
<thead>
<tr>
<th>Plan Type:</th>
<th>EPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible:</td>
<td>$500</td>
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<tr>
<td>OOPM:</td>
<td>$5,250</td>
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<tr>
<td>Primary Care Visit:</td>
<td>$15 copay</td>
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<tr>
<td>Specialist Visit:</td>
<td>$40 copay</td>
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<tr>
<td>Urgent Care:</td>
<td>$35 copay</td>
</tr>
<tr>
<td>Generic Drugs:</td>
<td>$10 copay</td>
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</tbody>
</table>

**Premium Range:**  
Low: $558 (Rating Area 1)  
High: $625 (Rating Area 2)

Metal Level: GOLD  
20 Counties: Clallam, Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Klickitat, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, Whatcom, Yakima

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**Plan Name: Silver 3000 Exchange EPO Individual and Family Network**

<table>
<thead>
<tr>
<th>Plan Type:</th>
<th>EPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible:</td>
<td>$3,000</td>
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<tr>
<td>OOPM:</td>
<td>$8,550</td>
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<tr>
<td>Primary Care Visit:</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Specialist Visit:</td>
<td>$70 copay</td>
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<tr>
<td>Urgent Care:</td>
<td>$70 copay</td>
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<tr>
<td>Generic Drugs:</td>
<td>$8 copay</td>
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</tbody>
</table>

**Premium Range:**  
Low: $458 (Rating Area 1)  
High: $513 (Rating Area 2)

Metal Level: SILVER  
20 Counties: Clallam, Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Klickitat, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, Whatcom, Yakima
Plan Name: Regence Cascade Silver
Individual and Family Network

Plan Type: EPO
Deductible: $2,000
OOPM: $7,800
Primary Care Visit: $25 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $20 copay

Premium Range:
Low: $475 (Rating Area 1)
High: $532 (Rating Area 2)

Metal Level: SILVER

20 Counties: Clallam, Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Klickitat, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, Whatcom, Yakima

Plan Name: Bronze HDHP 5700 Exchange EPO
Individual and Family Network

Plan Type: EPO
Deductible: $5,700
OOPM: $7,000
Primary Care Visit: 50% coinsurance after deductible
Specialist Visit: 50% coinsurance after deductible
Urgent Care: 50% coinsurance after deductible
Generic Drugs: 30% coinsurance after deductible

Premium Range:
Low: $321 (Rating Area 1)
High: $359 (Rating Area 2)

Metal Level: BRONZE

20 Counties: Clallam, Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Klickitat, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, Whatcom, Yakima
Plan Name: Bronze Care on Demand 8000 Exchange EPO  
Individual and Family Network

Plan Type: EPO
Deductible: $8,000
OOPM: $8,550
Primary Care Visit: 20% coinsurance after deductible
Specialist Visit: 20% coinsurance after deductible
Urgent Care: 20% coinsurance after deductible
Generic Drugs: $15 copay

Premium Range:  
Low: $296 (Rating Area 1)  
High: $331 (Rating Area 2)

Metal Level: BRONZE

Plan Name: Bronze Essential 7500 Exchange EPO  
Individual and Family Network

Plan Type: EPO
Deductible: $7,500
OOPM: $8,550
Primary Care Visit: $60 copay with deductible
Specialist Visit: $60 copay with deductible
Urgent Care: $60 copay with deductible
Generic Drugs: $15 copay

Premium Range:  
Low: $311 (Rating Area 1)  
High: $348 (Rating Area 2)

Metal Level: BRONZE

20 Counties: Clallam, Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Klickitat, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, Whatcom, Yakima
## Plan Name: Regence Cascade Bronze
### Individual and Family Network

<table>
<thead>
<tr>
<th>Feature</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Plan Type:</strong></td>
<td>EPO</td>
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<tr>
<td><strong>Deductible:</strong></td>
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<td><strong>OOPM:</strong></td>
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<td><strong>Primary Care Visit:</strong></td>
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<td><strong>Specialist Visit:</strong></td>
<td>$100 copay after deductible</td>
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<td><strong>Urgent Care:</strong></td>
<td>$100 copay</td>
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<td><strong>Generic Drugs:</strong></td>
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<td><strong>Premium Range:</strong></td>
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<td></td>
<td>High: $364 (Rating Area 2)</td>
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<tr>
<td><strong>20 Counties:</strong></td>
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</tr>
</tbody>
</table>

**Metal Level:** BRONZE
Plan Name: UnitedHealthcare of Oregon, Inc.  
**Cascade Select Gold**

**Plan Type:** EPO  
**Deductible:** $500  
**OOPM:** $5,250  
**Primary Care Visit:** $15 copay  
**Specialist Visit:** $40 copay  
**Urgent Care:** $35 copay  
**Generic Drugs:** $10 copay

**Metal Level:** GOLD  
**Premium Range:**  
Low: $458 (Rating Area 4)  
High: $527 (Rating Area 1,2)

10 Counties: Clallam, Jefferson, Mason, King, Pierce, Kittitas, Yakima, Lincoln, Adams, Whitman

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Plan Name: UnitedHealthcare of Oregon, Inc.  
**Cascade Select Silver**

**Plan Type:** EPO  
**Deductible:** $2,000  
**OOPM:** $7,800  
**Primary Care Visit:** $25 copay  
**Specialist Visit:** $60 copay  
**Urgent Care:** $60 copay  
**Generic Drugs:** $20 copay

**Metal Level:** SILVER  
**Premium Range:**  
Low: $403 (Rating Area 4)  
High: $463 (Rating Area 1,2)

10 Counties: Clallam, Jefferson, Mason, King, Pierce, Kittitas, Yakima, Lincoln, Adams, Whitman
Plan Name: UnitedHealthcare of Oregon, Inc.
Cascade Select Bronze

Plan Type: EPO
Deductible: $6,000
OOPM: $8,550
Primary Care Visit: $50 copay
Specialist Visit: $100 copay after deductible
Urgent Care: $100 copay
Generic Drugs: $32 copay

Premium Range:
Low: $319 (Rating Area 4)
High: $367 (Rating Area 1,2)

Metal Level: BRONZE

10 Counties: Clallam, Jefferson, Mason, King, Pierce, Kittitas, Yakima, Lincoln, Adams, Whitman
Plan Name: Delta Dental Individual – Washington Kids Plan

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

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
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): 10% coinsurance after deductible
X-rays: 20% coinsurance after deductible

Plan Name: Premera Blue Cross Individual Pediatric Dental Plan

Coverage: Low
Plan Type: PPO
Deductible: $85
Annual Benefit Limit: Unlimited
OOPM: $350/child; $700/2+ children
Dental Cleaning: 10% coinsurance after deductible
Filling (Amalgam): 10% coinsurance after deductible
X-rays: 20% coinsurance after deductible
Plan Name: Delta Dental Individual and Family – Washington Family Plan

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

Monthly Premium
Child - $44.84
Adult - $35.47

Plan Name: Dentegra 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 after deductible
Filling (Amalgam): No charge after deductible
X-rays: 50% coinsurance after deductible

Monthly Premium
Child - $25.66
Adult - $21.79

12 Counties: Clark, Cowlitz, King, Kitsap, Mason, Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, Whatcom
Plan Name: LifeWise Family Dental Plan

Coverage: Low
Plan Type: PPO
Deductible: $65
Annual Benefit Limit: Unlimited
OOFP: $350/child; $700/2+ children
Dental Cleaning: No charge/ adult; 10% coinsurance after deductible/ child
Filling (Amalgam): 40% coinsurance after deductible/ adult; 10% coinsurance after deductible/ child
X-rays: 10% coinsurance after deductible

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Coverage</th>
<th>Deductible</th>
<th>Annual Benefit Limit</th>
<th>OOPM</th>
<th>Dental Cleaning</th>
<th>Filling</th>
<th>X-rays</th>
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<tr>
<td>PPO</td>
<td>Low</td>
<td>$65</td>
<td>Unlimited</td>
<td>$350/child; $700/2+ children</td>
<td>No charge/ adult; 10% coinsurance after deductible/ child</td>
<td>40% coinsurance after deductible/ adult; 10% coinsurance after deductible/ child</td>
<td>10% coinsurance after deductible</td>
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</tbody>
</table>
All plans listed have met the 19 certification criteria.

**EXCHANGE INDIVIDUAL MARKET**

**BridgeSpan Health Company**
- BridgeSpan Cascade Select Gold
- BridgeSpan Cascade Select Silver
- BridgeSpan Cascade Select Bronze
- BridgeSpan Cascade Gold Legacy LHP Network
- BridgeSpan Cascade Silver Legacy LHP Network
- BridgeSpan Cascade Bronze Legacy LHP Network
- BridgeSpan Cascade Gold RealValue Network
- BridgeSpan Cascade Silver RealValue Network
- BridgeSpan Cascade Bronze RealValue Network
- Gold Essential 1200 Exchange EPO PeaceHealth
- Silver Essential 2850 Exchange EPO PeaceHealth
- Silver Essential 2850 Exchange EPO RealValue
- Bronze HDHP 6000 Exchange EPO RealValue
- Bronze Care on Demand 8000 Exchange EPO PeaceHealth
- Bronze Care on Demand 8000 Exchange EPO RealValue
- Bronze Essential 7500 Exchange EPO PeaceHealth
- Bronze Essential 7500 Exchange EPO RealValue

**Kaiser Foundation Health Plan of the Northwest**
- KP Cascade Gold
- KP Cascade Silver
- KP Cascade Bronze
- KP WA Gold 0/20
- KP WA Gold 1500/30
- KP WA Silver 2500/40
- KP WA Bronze 6350/65
- KP WA Bronze 8550/75
- KP WA Bronze 6900/0% HSA

**Kaiser Foundation Health Plan of Washington**
- Kaiser Permanente Cascade Gold
- Kaiser Permanente Cascade Silver
- Kaiser Permanente Cascade Bronze
- Flex Gold – 21
- Flex Silver – 21
- Virtual Plus Silver - 21
- Bronze – 21
- Flex Bronze - 21 Bronze HSA – 21
- Virtual Plus Bronze- 21
- Basic Plus Catastrophic Plan - 21

**Coordinated Care Corporation**
- Ambetter Cascade Select Gold
- Ambetter Cascade Select Silver
- Ambetter Cascade Select Bronze
- Ambetter Cascade Gold
- Ambetter Cascade Silver
- Ambetter Cascade Bronze
- Ambetter Secure Care 5 (2021)
- Ambetter Secure Care 5 (2021) + Vision
- Ambetter Secure Care 1 (2021) with 3 Free PCP Visits
- Ambetter Secure Care 1 (2021) with 3 Free PCP Visits + Vision
- Ambetter Balanced Care 1 (2021)
- Ambetter Balanced Care 4(2021)
- Ambetter Balanced Care 71 (2021)
- Ambetter Balanced Care 1 (2021) + Vision
- Ambetter Balanced Care 4 (2021) + Vision
- Ambetter Balanced Care 71 (2021) + Vision
- Ambetter Essential Care 1 (2021)
- Ambetter Essential Care 5(2021)
- Ambetter Essential Care 10 (2021)
- Ambetter Essential Care 1 (2021) + Vision
- Ambetter Essential Care 5 (2021) + Vision
- Ambetter Essential Care 10 (2021) + Vision

**LifeWise Health Plan of Washington**
- LifeWise Cascade Select Gold
- LifeWise Cascade Select Silver
- LifeWise Cascade Select Bronze
- LifeWise Cascade Gold
- LifeWise Cascade Silver
- LifeWise Cascade Bronze
- LifeWise Essential Gold
- LifeWise Essential Silver High Deductible
- LifeWise Essential Silver Low Deductible
- LifeWise Essential Bronze
- LifeWise Essential Bronze HSA
- LifeWise Essential Bronze II
**APPENDIX I**

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

**Premera Blue Cross**
- Premera Blue Cross Cascade Gold
- Premera Blue Cross Cascade Silver
- Premera Blue Cross Cascade Bronze
- Premera Blue Cross Preferred Gold EPO
- Premera Blue Cross Preferred Silver EPO
- Premera Blue Cross Preferred Bronze EPO
- Premera Blue Cross Preferred Bronze HSA EPO 6100

**PacificSource Health Plans**
- PacificSource Cascade Gold
- PacificSource Cascade Silver
- PacificSource Cascade Gold
- Navigator Gold 2000
- Navigator Silver 5000
- Navigator Bronze 7000
- Navigator Bronze HSA 6900
- Navigator Catastrophic

**Providence Health Plan**
- Providence Cascade Gold
- Providence Cascade Silver
- Providence Cascade Bronze

**Regence BlueCross BlueShield of Oregon**
- Regence Cascade Gold
- Regence Cascade Silver
- Regence Cascade Bronze
- Alliance Silver 3000 Exchange EPO Legacy LHP
- Alliance Bronze HDHP 5700 Exchange EPO Legacy LHP
- Alliance Bronze Care on Demand 8000 Exchange EPO Legacy LHP
- Alliance Bronze Essential 7500 Exchange EPO Legacy LHP

**United Healthcare of Oregon, Inc.**
- United Healthcare of Oregon, Inc. Cascade Select Gold
- United Healthcare of Oregon, Inc. Cascade Select Silver
- United Healthcare of Oregon, Inc. Cascade Select Bronze

**United Healthcare of Oregon, Inc.**
- United HealthCare of Oregon, Inc. Cascade Select Gold
- United HealthCare of Oregon, Inc. Cascade Select Silver
- United HealthCare of Oregon, Inc. Cascade Select Bronze

**Regence BlueShield**
- Regence Cascade Gold Individual and Family Network
- Regence Cascade Silver Individual and Family Network
- Regence Cascade Bronze Individual and Family Network
- Silver 3000 Exchange EPO Individual and Family Network
- Bronze HDHP 5700 Exchange EPO Individual and Family Network
- Bronze Care on Demand 8000 Exchange EPO Individual and Family Network
- Bronze Essential 7500 Exchange EPO Individual and Family Network
All plans listed have met the 10 certification criteria.

**EXCHANGE DENTAL**

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

**Dentega**  
Dentega 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