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SUMMARY OF EXCHANGE INDIVIDUAL MARKET

OVERVIEW
12 Issuers
120 Individual QHPs

Gold
12 Issuers
33 Plans

Silver
12 Issuers
33 Plans

Bronze
12 Issuers
52 Plans

Catastrophic
2 Issuer
2 Plans

Cascade Care
12 Issuers
42 Plans
Cascade Care Select
5 Issuers
15 Plans
### SUMMARY OF EXCHANGE DENTAL MARKET

#### Family Dental
- 4 Issuers
- 2 Low
- 5 Individual QDPs
- 3 High

#### Pediatric Dental
- 5 Issuers
- 2 Low
- 5 Individual QDPs
- 3 High
NUMBER OF ISSUERS BY COUNTY

2022

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

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

Four Issuers:
Columbia, Cowitz, Lincoln Skagit, Whitman

Five Issuers:
Jefferson, Kittitas, Klickitat, Walla Walla

Six Issuers:
Benton, Clark, Franklin, Lewis,

Seven Issuers:
Kitsap, Mason, Snohomish, Spokane, Yakima

Eight Issuers:
Thurston

Nine Issuers:
King, Pierce

2021

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

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

Four Issuers:
Columbia, Jefferson, Klickitat, Lewis,

Six Issuers:
Kittitas, Mason, Snohomish

Seven Issuers:
Clark, Kitsap, Yakima

Eight Issuers:
King, Spokane, Thurston

Nine Issuers:
Pierce
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: BridgeSpan Cascade Gold

Plan Type: EPO

Deductible: $500 Medical / $0 Drug

OOPM: $5,250

Primary Care Visit: $15 copay

Specialist Visit: $40 copay

Urgent Care: $35 copay

Generic Drugs: $10 copay

Plan Name: BridgeSpan Cascade Select Gold

Plan Type: EPO

Deductible: $500 Medical / $0 Drug

OOPM: $5,250

Primary Care Visit: $15 copay

Specialist Visit: $40 copay

Urgent Care: $35 copay

Generic Drugs: $10 copay
Plan Name: BridgeSpan 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: 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: Bronze HDHP 6500

Plan Type: EPO
Deductible: $6,500
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 4)
High: $366 (Rating Area 2)

Metal Level:
BRONZE

Plan Name: Bronze Care on Demand 8000

Plan Type: EPO
Deductible: $8,000
OOPM: $8,700
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: $298 (Rating Area 4)
High: $339 (Rating Area 2)

Metal Level:
BRONZE

14 Counties: Benton, Clark, Columbia, Franklin, King, Kitsap, Klickitat, Pierce, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Yakima
Plan Name:  **Bronze Essential 7500**

Plan Type:  **EPO**

**Deductible:** $7,500  
**OOPM:** $8,700

**Primary Care Visit:** $60 copay with deductible/ 10% coinsurance after deductible  
**Specialist Visit:** $60 copay after deductible/ 10% coinsurance after deductible  
**Urgent Care:** $60 copay after deductible/ 10% coinsurance after deductible

**Generic Drugs:** $15 copay

---

Plan Name:  **BridgeSpan 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: BridgeSpan 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 Range:
Low: $316 (Rating Area 4)
High: $361 (Rating Area 2)

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

Plan Type: EPO

Deductible: $500 Medical / $0 Drug

OOPM: $5,250

Primary Care Visit: $15 copay

Specialist Visit: $40 copay

Urgent Care: $35 copay

Generic Drugs: $10 copay

Premium Range:
Low: $403 (Rating Area 6)
High: $464 (Rating Area 2)

18 Counties: Benton, Chelan, Douglas, Franklin, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Mason, Okanogan, Pierce, Snohomish, Spokane, Thurston, Walla Walla; Yakima

Plan Name: Community Health Network of Washington 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

Premium Range:
Low: $372 (Rating Area 6)
High: $427 (Rating Area 2)

18 Counties: Benton, Chelan, Douglas, Franklin, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Mason, Okanogan, Pierce, Snohomish, Spokane, Thurston, Walla Walla; 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

Premium Range:
Low: $278 (Rating Area 6)
High: $320 (Rating Area 2)

Metal Level: BRONZE

18 Counties: Benton, Chelan, Douglas, Franklin, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Mason, Okanogan, Pierce, Snohomish, Spokane, Thurston, Walla Walla; Yakima
### Ambetter Secure Care 5

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<tbody>
<tr>
<td><strong>Plan Type:</strong></td>
<td>HMO</td>
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<tr>
<td><strong>Deductible:</strong></td>
<td>$1,450</td>
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<tr>
<td><strong>OOPM:</strong></td>
<td>$6,300</td>
</tr>
<tr>
<td><strong>Primary Care Visit:</strong></td>
<td>$15 copay</td>
</tr>
<tr>
<td><strong>Specialist Visit:</strong></td>
<td>$35 copay</td>
</tr>
<tr>
<td><strong>Urgent Care:</strong></td>
<td>$35 copay</td>
</tr>
<tr>
<td><strong>Generic Drugs:</strong></td>
<td>$15 copay</td>
</tr>
</tbody>
</table>

**Premium Range:**
- Low: $396 (Rating Area 3)
- High: $483 (Rating Area 7)

**Metal Level:** GOLD

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

### Ambetter Secure Care 5 + Vision

<table>
<thead>
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<th>Plan Name</th>
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<tr>
<td><strong>Plan Type:</strong></td>
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<tr>
<td><strong>Deductible:</strong></td>
<td>$1,450</td>
</tr>
<tr>
<td><strong>OOPM:</strong></td>
<td>$6,300</td>
</tr>
<tr>
<td><strong>Primary Care Visit:</strong></td>
<td>$15 copay</td>
</tr>
<tr>
<td><strong>Specialist Visit:</strong></td>
<td>$35 copay</td>
</tr>
<tr>
<td><strong>Urgent Care:</strong></td>
<td>$35 copay</td>
</tr>
<tr>
<td><strong>Generic Drugs:</strong></td>
<td>$15 copay</td>
</tr>
</tbody>
</table>

**Premium Range:**
- Low: $400 (Rating Area 3)
- High: $489 (Rating Area 7)

**Metal Level:** GOLD

**Counties:**
- Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whitman, Yakima
Plan Name: Ambetter Secure Care 20

Plan Type: HMO
Deductible: $750
OOPM: $7,500
Primary Care Visit: $35 copay
Specialist Visit: $55 copay
Urgent Care: $35 copay
Generic Drugs: $15 copay

Premium Range:
- Low: $372 (Rating Area 3)
- High: $454 (Rating Area 7)


Plan Name: Ambetter Secure Care 20 + Vision

Plan Type: HMO
Deductible: $750
OOPM: $7,500
Primary Care Visit: $35 copay
Specialist Visit: $55 copay
Urgent Care: $35 copay
Generic Drugs: $15 copay

Premium Range:
- Low: $376 (Rating Area 3)
- High: $459 (Rating Area 7)

Plan Name: Ambetter Cascade Gold

Plan Type: HMO
Deductible: $500 Medical / $0 Drug
OOPM: $5,250
Primary Care Visit: $15 copay
Specialist Visit: $40 copay
Urgent Care: $35 copay
Generic Drugs: $10 copay

Plan Name: Ambetter Cascade Select Gold

Plan Type: HMO
Deductible: $500 Medical / $0 Drug
OOPM: $5,250
Primary Care Visit: $15 copay
Specialist Visit: $40 copay
Urgent Care: $35 copay
Generic Drugs: $10 copay
Plan Name: Ambetter Balanced Care 1

Plan Type: HMO
Deductible: $5,650
OOPM: $7,500
Primary Care Visit: $30 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $10 copay

Premium Range:
Low: $355 (Rating Area 3)
High: $433 (Rating Area 7)

Metal Level: SILVER

Plan Name: Ambetter Balanced Care 4

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

Premium Range:
Low: $358 (Rating Area 3)
High: $437 (Rating Area 7)

Metal Level: SILVER

Plan Name: Ambetter Balanced Care 1 + Vision

Plan Type: HMO
Deductible: $5,650
OOPM: $7,500
Primary Care Visit: $30 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $10 copay

Metal Level: SILVER
Premium Range:
- Low: $359 (Rating Area 3)
- High: $438 (Rating Area 7)


Plan Name: Ambetter Balanced Care 4 + Vision

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: $362 (Rating Area 3)
- High: $442 (Rating Area 7)

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

Plan Type: HMO

Deductible: $8,600

OOPM: $8,600

Primary Care Visit: No charge after deductible

Specialist Visit: No charge after deductible

Urgent Care: $60 copay

Generic Drugs: $25 copay

Premium Range: Low: $265 (Rating Area 3) High: $323 (Rating Area 7)

Metal Level: BRONZE

Plan Name: Ambetter Essential Care: $0 Medical Deductible

Plan Type: HMO

Deductible: $0 Medical; $3,800 Drug

OOPM: $8,700

Primary Care Visit: $45 copay

Specialist Visit: $115 copay

Urgent Care: $60 copay

Generic Drugs: $35 copay

Premium Range: Low: $323 (Rating Area 3) High: $395 (Rating Area 7)

Metal Level: BRONZE

Plan Name: Ambetter Essential Care: $0 Medical Deductible + Vision

Plan Type: HMO

Deductible: $0 Medical; $3,800 Drug

OOPM: $8,700

Primary Care Visit: $45 copay

Specialist Visit: $115 copay

Urgent Care: $60 copay

Generic Drugs: $25 copay

Premium Range:
Low: $327 (Rating Area 3)
High: $399 (Rating Area 7)

Metal Level: BRONZE


Plan Name: Ambetter Essential Care 1 + Vision

Plan Type: HMO

Deductible: $8,600

OOPM: $8,600

Primary Care Visit: No charge after deductible

Specialist Visit: No charge after deductible

Urgent Care: $60 copay

Generic Drugs: $25 copay

Premium Range:
Low: $268 (Rating Area 3)
High: $327 (Rating Area 7)

Metal Level: BRONZE

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

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
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

Plan Name:  KP WA Gold 2000/30

Plan Type:  EPO
Deductible:  $2,000 Medical/ $0 Drug
OOPM:  $7,900
Primary Care Visit:  $30 copay
Specialist Visit:  $50 copay
Urgent Care:  $40 copay
Generic Drugs:  $15 copay
Plan Name: KP Cascade Gold

Plan Type: EPO
Deductible: $500 Medical/ $0 Drug
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

Metal Level:  SILVER

Premium Range:
Low:  $508 (Rating Area 3)
High:  $533 (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

Metal Level:  BRONZE

Premium Range:
Low:  $344 (Rating Area 3)
High:  $361 (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: $8,550

Primary Care Visit: $50 copay

Specialist Visit: $100 copay after deductible

Urgent Care: $100 copay

Generic Drugs: $32 copay

Premium Range:
Low: $340 (Rating Area 3)
High: $357 (Rating Area 2)

Metal Level: BRONZE

2 Counties: Clark and Cowlitz
KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Plan Name:  Flex Gold - 22

Plan Type:  HMO

Deductible:  $1,150

OOPM:  $7,900

Primary Care Visit:  $20 copay after deductible

Specialist Visit:  $45 copay after deductible

Urgent Care:  $45 copay after deductible

Generic Drugs:  $10 copay

Metal Level:  GOLD

Premium Range:
Low:  $411 (Rating Area 1)
High:  $472 (Rating Area 2, 6, 8, 9)

Plan Name:  Kaiser Permanente Cascade Gold

Plan Type:  HMO

Deductible:  $500 Medical/ $0 Drug

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:  $438 (Rating Area 1)
High:  $504 (Rating Area 2, 6, 8, 9)

17 Counties:  Benton, Columbia, Franklin, Island, King, Kitsap, Lewis, Mason, Pierce, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman, Yakima
Plan Name: Flex Silver - 22

Plan Type: HMO

Deductible: $1,800

OOPM: $7,900

Primary Care Visit: $20 copay after deductible

Specialist Visit: $45 copay after deductible

Urgent Care: $45 copay after deductible

Generic Drugs: $10 copay

Plan Name: Virtual Plus Silver - 22

Plan Type: HMO

Deductible: $3,000

OOPM: $8,100

Primary Care Visit: $10 copay

Specialist Visit: $25 copay

Urgent Care: $40 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 - 22

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: Flex Bronze - 22

Plan Type: HMO

Deductible: $5,500

OOPM: $8,550

Primary Care Visit: $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: $300 (Rating Area 1) High: $345 (Rating Area 2, 6, 8, 9)

Plan Name: Bronze HSA - 22

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

Premium Range: Low: $290 (Rating Area 1) High: $333 (Rating Area 2, 6, 8, 9)
### Plan Name: Virtual Plus Bronze - 22

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<td>$8,700</td>
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<tr>
<td>OOPM:</td>
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<td>Primary Care Visit:</td>
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<td>Specialist Visit:</td>
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<td>Urgent Care:</td>
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### Plan Name: Kaiser Permanente Cascade Bronze

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<tbody>
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<tr>
<td>OOPM:</td>
<td>$8,550</td>
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<tr>
<td>Primary Care Visit:</td>
<td>$50 copay</td>
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<td>Specialist Visit:</td>
<td>$100 copay after deductible</td>
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<td>Urgent Care:</td>
<td>$100 copay</td>
</tr>
<tr>
<td>Generic Drugs:</td>
<td>$32 copay</td>
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</tbody>
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**Metal Level: BRONZE**

- **Premium Range:**
  - Low: $277 (Rating Area 1)
  - High: $319 (Rating Area 2, 8)

- **6 Counties:** King, Kitsap, Pierce, Snohomish, Spokane, Thurston

---

**Metal Level: BRONZE**

- **Premium Range:**
  - Low: $297 (Rating Area 1)
  - High: $341 (Rating Area 2, 6, 8, 9)

- **17 Counties:** Benton, Columbia, Franklin, Island, King, Kitsap, Lewis, Mason, Pierce, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman, Yakima
Plan Name: Basics Plus Catastrophic Plan – 22

Plan Type: HMO
Deductible: $8,700
OOPM: $8,700
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

Premium Range:
Low: $237 (Rating Area 1)
High: $273 (Rating Area 2, 6, 8, 9)

Metal Level: CATASTROPHIC

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

Plan Type: EPO
Deductible: $1,000
OOPM: $7,000
Primary Care Visit: $30 copay
Specialist Visit: $55 copay
Urgent Care: $55 copay
Generic Drugs: $10 copay

Plan Name: LifeWise Cascade Gold

Plan Type: EPO
Deductible: $500 Medical / $0 Drug
OOPM: $5,250
Primary Care Visit: $15 copay
Specialist Visit: $40 copay
Urgent Care: $35 copay
Generic Drugs: $10 copay

Plan Name: LifeWise Cascade Select Gold

Plan Type: EPO
Deductible: $500 Medical / $0 Drug
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 Low Deductible

Plan Type: EPO
Deductible: $2,575
OOPM: $7,550
Primary Care Visit: $25 copay
Specialist Visit: $55 copay
Urgent Care: $55 copay
Generic Drugs: $20 copay
## LifeWise Cascade Silver

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>LifeWise Cascade Silver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Type</td>
<td>EPO</td>
</tr>
<tr>
<td>Deductible</td>
<td>$2,000</td>
</tr>
<tr>
<td>OOPM</td>
<td>$7,800</td>
</tr>
<tr>
<td>Primary Care Visit</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>$60 copay</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$60 copay</td>
</tr>
<tr>
<td>Generic Drugs</td>
<td>$20 copay</td>
</tr>
</tbody>
</table>

### Premium Range
- **Low**: $436 (Rating Area 1)
- **High**: $532 (Rating Area 3)

### Metal Level
- SILVER

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

## LifeWise Cascade Select Silver

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>LifeWise Cascade Select Silver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Type</td>
<td>EPO</td>
</tr>
<tr>
<td>Deductible</td>
<td>$2,000</td>
</tr>
<tr>
<td>OOPM</td>
<td>$7,800</td>
</tr>
<tr>
<td>Primary Care Visit</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>$60 copay</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$60 copay</td>
</tr>
<tr>
<td>Generic Drugs</td>
<td>$20 copay</td>
</tr>
</tbody>
</table>

### Premium Range
- **Low**: $420 (Rating Area 6)
- **High**: $497 (Rating Area 3)

### Metal Level
- SILVER

### Counties
- Adams, Benton, Klickitat

---
Plan Name: LifeWise Essential Bronze

Plan Type: EPO
Deductible: $6,300
OOPM: $8,550
Primary Care Visit: $35 copay
Specialist Visit: 30% coinsurance after deductible
Urgent Care: 30% coinsurance after deductible
Generic Drugs: $30 copay

Plan Name: LifeWise Essential Bronze HSA

Plan Type: EPO
Deductible: $6,200
OOPM: $7,000
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
### LifeWise Cascade Bronze

- **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

### LifeWise Cascade Select Bronze

- **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
<table>
<thead>
<tr>
<th>Plan Name: Molina Choice Gold</th>
<th>Plan Name: Molina Cascade Gold</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Type:</strong> HMO</td>
<td><strong>Plan Type:</strong> HMO</td>
</tr>
<tr>
<td><strong>Deductible:</strong> $2,100</td>
<td><strong>Deductible:</strong> $500 Medical / $0 Drug</td>
</tr>
<tr>
<td><strong>OOPM:</strong> $8,550</td>
<td><strong>OOPM:</strong> $5,250</td>
</tr>
<tr>
<td><strong>Primary Care Visit:</strong> $10 copay</td>
<td><strong>Primary Care Visit:</strong> $15 copay</td>
</tr>
<tr>
<td><strong>Specialist Visit:</strong> $50 copay</td>
<td><strong>Specialist Visit:</strong> $40 copay</td>
</tr>
<tr>
<td><strong>Urgent Care:</strong> $10 copay</td>
<td><strong>Urgent Care:</strong> $35 copay</td>
</tr>
<tr>
<td><strong>Generic Drugs:</strong> $10 copay</td>
<td><strong>Generic Drugs:</strong> $10 copay</td>
</tr>
</tbody>
</table>

**Premium Range:**
- Low: $389 (Rating Area 6)
- High: $444 (Rating Area 3)

**Premium Range:**
- Low: $407 (Rating Area 6)
- High: $464 (Rating Area 3)

**18 Counties:** Benton, Clark, Cowlitz, Ferry, Franklin, King, Kitsap, Klickitat, Lewis, Lincoln, Mason, Pend Oreille, Pierce, Skamania, Snohomish, Spokane, Stevens, Thurston
Plan Name: Constant Care Silver I

Plan Type: HMO
Deductible: $0 Medical / $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 I

Plan Type: HMO
Deductible: $3,000
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: $8,550
Primary Care Visit: $50 copay
Specialist Visit: $100 copay after deductible
Urgent Care: $100 copay
Generic Drugs: $32 copay
**Plan Name:** Navigator Gold 2000

**Plan Type:** PPO

**Deductible:** $2,000 Medical / $0 Drug

**OOPM:** $5,500

**Primary Care Visit:** $20 copay

**Specialist Visit:** $40 copay

**Urgent Care:** $20 copay

**Generic Drugs:** $15 copay

**Premium:** $470

(Rating Area 3, 4, 5)

4 Counties: Clark, Pierce, Spokane, Thurston

---

**Plan Name:** PacificSource Cascade Gold

**Plan Type:** PPO

**Deductible:** $500 Medical / $0 Drug

**OOPM:** $5,250

**Primary Care Visit:** $15 copay

**Specialist Visit:** $40 copay

**Urgent Care:** $35 copay

**Generic Drugs:** $10 copay

**Premium:** $498

(Rating Area 3, 4, 5)

4 Counties: Clark, Pierce, Spokane, Thurston
**PACIFICSOURCE HEALTH PLANS**

### Navigator Silver 5000

**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

### PacificSource Cascade Silver

**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: $50 copay after deductible

Urgent Care: $35 copay

Generic Drugs: 40% coinsurance after deductible

Plan Name: Navigator Bronze HSA 7000

Plan Type: PPO

Deductible: $7,000

OOPM: $7,000

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: No charge after deductible

Specialist Visit: $100 copay after deductible

Urgent Care: $100 copay

Generic Drugs: $32 copay

Plan Name: Navigator Catastrophic

Plan Type: PPO

Deductible: $8,700

OOPM: $8,700

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: Premera Blue Cross Preferred Gold EPO 1500

Plan Type: EPO

Deductible: $1,500

OOPM: $6,800

Primary Care Visit: $15 copay

Specialist Visit: $45 copay

Urgent Care: $45 copay

Generic Drugs: $10 copay

Premium Range:
Low: $596 (Rating Area 6)
High: $669 (Rating Area 2)

Plan Name: Premera Blue Cross Cascade Gold

Plan Type: EPO

Deductible: $500 Medical / $0 Drug

OOPM: $5,250

Primary Care Visit: $15 copay

Specialist Visit: $40 copay

Urgent Care: $35 copay

Generic Drugs: $10 copay

Premium Range:
Low: $670 (Rating Area 6)
High: $752 (Rating Area 2)
Plan Name: Premera Blue Cross Preferred Silver EPO 4100

Plan Type: EPO
Deductible: $4,100
OOPM: $6,600
Primary Care Visit: $25 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $25 copay

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
Plan Name: Premera Blue Cross Preferred Bronze EPO 6350

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

Premium Range:
Low: $402 (Rating Area 6)
High: $451 (Rating Area 2)

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

Premium Range:
Low: $406 (Rating Area 6)
High: $455 (Rating Area 2)
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: $393 (Rating Area 6)
High: $440 (Rating Area 2)

5 Counties: Franklin, Grays Harbor, King, Kitsap, Pacific,
Plan Name: Regence Cascade Gold Legacy LHP Network

Plan Type: EPO

Deductible: $500 Medical / $0 Drug

OOPM: $5,250

Primary Care Visit: $15 copay

Specialist Visit: $40 copay

Urgent Care: $35 copay

Generic Drugs: $10 copay

Plan Name: Regence Cascade Gold PeaceHealth Network

Plan Type: EPO

Deductible: $500 Medical / $0 Drug

OOPM: $5,250

Primary Care Visit: $15 copay

Specialist Visit: $40 copay

Urgent Care: $35 copay

Generic Drugs: $10 copay
Plan Name: Alliance Gold 2500 with Vision Exam
Exchange Legacy LHP

Plan Type: EPO
Deductible: $2,500
OOPM: $8,700
Primary Care Visit: $10 copay
Specialist Visit: $70 copay
Urgent Care: $70 copay
Generic Drugs: $5 copay

Plan Name: Alliance Silver 3200 Exchange Legacy LHP

Plan Type: EPO
Deductible: $3,200
OOPM: $8,700
Primary Care Visit: $15 copay
Specialist Visit: $70 copay
Urgent Care: $70 copay
Generic Drugs: $3 copay
Plan Name: Regence 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: Regence Cascade Silver PeaceHealth 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: Alliance Bronze Essential 8000
Exchange Legacy LHP

Plan Type: EPO

Deductible: $8,000

OOPM: $8,700

Primary Care Visit: $60 copay with deductible/ 10% coinsurance after deductible
Specialist Visit: $60 copay with deductible/ 10% coinsurance after deductible
Urgent Care: $60 copay with deductible/ 10% coinsurance after deductible
Generic Drugs: $15 copay

Plan Name: Alliance Bronze Care on Demand 8500
Exchange Legacy LHP

Plan Type: EPO

Deductible: $8,500

OOPM: $8,700

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 8500 Exchange PeaceHealth

Plan Type: EPO

Deductible: $8,500

OOPM: $8,700

Primary Care Visit: 20% coinsurance after deductible

Specialist Visit: 20% coinsurance after deductible

Urgent Care: 20% coinsurance after deductible

Generic Drugs: $15 copay

Premium: $342
(Rating Area 3)

Metal Level: BRONZE

1 County: Clark

Plan Name: Bronze Essential 8000 with 4 Copay
No Deductible Office Visits Exchange PeaceHealth

Plan Type: EPO

Deductible: $8,000

OOPM: $8,700

Primary Care Visit: $60 copay with deductible/ 10% coinsurance after deductible

Specialist Visit: $60 copay with deductible/ 10% coinsurance after deductible

Urgent Care: $60 copay with deductible/ 10% coinsurance after deductible

Generic Drugs: $15 copay

Premium: $358
(Rating Area 3)

Metal Level: BRONZE

1 County: Clark
### Regence Cascade Bronze Legacy LHP Network

**Plan Name:** Regence Cascade Bronze Legacy LHP Network

<table>
<thead>
<tr>
<th><strong>Plan Type:</strong></th>
<th>EPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible:</strong></td>
<td>$6,000</td>
</tr>
<tr>
<td><strong>OOPM:</strong></td>
<td>$8,550</td>
</tr>
<tr>
<td><strong>Primary Care Visit:</strong></td>
<td>$50 copay</td>
</tr>
<tr>
<td><strong>Specialist Visit:</strong></td>
<td>$100 copay after deductible</td>
</tr>
<tr>
<td><strong>Urgent Care:</strong></td>
<td>$100 copay</td>
</tr>
<tr>
<td><strong>Generic Drugs:</strong></td>
<td>$32 copay</td>
</tr>
</tbody>
</table>

**Premium:** $343
(Rating Area 3)

1 County: Clark

### Regence Cascade Bronze PeaceHealth Network

**Plan Name:** Regence Cascade Bronze PeaceHealth Network

<table>
<thead>
<tr>
<th><strong>Plan Type:</strong></th>
<th>EPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible:</strong></td>
<td>$6,000</td>
</tr>
<tr>
<td><strong>OOPM:</strong></td>
<td>$8,550</td>
</tr>
<tr>
<td><strong>Primary Care Visit:</strong></td>
<td>$50 copay</td>
</tr>
<tr>
<td><strong>Specialist Visit:</strong></td>
<td>$100 copay after deductible</td>
</tr>
<tr>
<td><strong>Urgent Care:</strong></td>
<td>$100 copay</td>
</tr>
<tr>
<td><strong>Generic Drugs:</strong></td>
<td>$32 copay</td>
</tr>
</tbody>
</table>

**Premium:** $370
(Rating Area 3)

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

Plan Type: EPO
Deductible: $500 Medical / $0 Drug
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: $569 (Rating Area 1)
High: $638 (Rating Area 2)

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 Gold
   UW Medicine Network

Plan Type: EPO
Deductible: $500 Medical / $0 Drug
OOPM: $5,250
Primary Care Visit: $15 copay
Specialist Visit: $40 copay
Urgent Care: $35 copay
Generic Drugs: $10 copay

Metal Level: GOLD

Premium: $559
(Rating Area 1)

1 County: King
Plan Name: Regence Cascade Gold
MultiCare Connected Care Network

Plan Type: EPO
Deductible: $500 Medical / $0 Drug
OOPM: $5,250
Primary Care Visit: $15 copay
Specialist Visit: $40 copay
Urgent Care: $35 copay
Generic Drugs: $10 copay

Plan Name: Regence Cascade Gold
Eastside Health Network

Plan Type: EPO
Deductible: $500 Medical / $0 Drug
OOPM: $5,250
Primary Care Visit: $15 copay
Specialist Visit: $40 copay
Urgent Care: $35 copay
Generic Drugs: $10 copay
Plan Name: Gold 2500 with Vision Exam  
Exchange Individual and Family Network  

Plan Type: EPO  
Deductible: $2,500  
OOPM: $8,700  
Primary Care Visit: $10 copay  
Specialist Visit: $70 copay  
Urgent Care: $70 copay  
Generic Drugs: $5 copay  

Premium Range:  
Low: $463 (Rating Area 1)  
High: $519 (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

Plan Name: Silver 3200 Exchange  
Individual and Family Network  

Plan Type: EPO  
Deductible: $3,200  
OOPM: $8,700  
Primary Care Visit: $15 copay  
Specialist Visit: $70 copay  
Urgent Care: $70 copay  
Generic Drugs: $3 copay  

Premium Range:  
Low: $476 (Rating Area 1)  
High: $535 (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

Plan Name: Regence Cascade Silver
UW Medicine 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
<table>
<thead>
<tr>
<th>Plan Name: Regence Cascade Silver Eastside Health Network</th>
<th>Metal Level: SILVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Type: EPO</td>
<td>Premium: $479</td>
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<tr>
<td>Deductible: $2,000</td>
<td>(Rating Area 1)</td>
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<tr>
<td>OOPM: $7,800</td>
<td>1 County: King</td>
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<tr>
<td>Primary Care Visit: $25 copay</td>
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<td>Specialist Visit: $60 copay</td>
<td></td>
</tr>
<tr>
<td>Urgent Care: $60 copay</td>
<td></td>
</tr>
<tr>
<td>Generic Drugs: $20 copay</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan Name: Regence Cascade Silver MultiCare Connected Care Network</th>
<th>Metal Level: SILVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Type: EPO</td>
<td>Premium: $491</td>
</tr>
<tr>
<td>Deductible: $2,000</td>
<td>(Rating Area 5)</td>
</tr>
<tr>
<td>OOPM: $7,800</td>
<td>1 County: Pierce</td>
</tr>
<tr>
<td>Primary Care Visit: $25 copay</td>
<td></td>
</tr>
<tr>
<td>Specialist Visit: $60 copay</td>
<td></td>
</tr>
<tr>
<td>Urgent Care: $60 copay</td>
<td></td>
</tr>
<tr>
<td>Generic Drugs: $20 copay</td>
<td></td>
</tr>
</tbody>
</table>
Plan Name: Bronze HDHP 6000 Exchange Individual and Family Network

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 8500 Exchange Individual and Family Network

Plan Type: EPO
Deductible: $8,500
OOPM: $8,700
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 8500
MultiCare Connected Care

Plan Type: EPO

Deductible: $8,500

OOPM: $8,700

Primary Care Visit: 20% coinsurance after deductible

Specialist Visit: 20% coinsurance after deductible

Urgent Care: 20% coinsurance after deductible

Generic Drugs: $15 copay

Premium: $306
(Rating Area 5)

Plan Name: Bronze Essential 8000 Exchange
Individual and Family Network

Plan Type: EPO

Deductible: $8,000

OOPM: $8,7000

Primary Care Visit: $60 copay with deductible/ 10% coinsurance after deductible

Specialist Visit: $60 copay with deductible/ 10% coinsurance after deductible

Urgent Care: $60 copay with deductible/ 10% coinsurance after deductible

Generic Drugs: $15 copay

Premium Range:
Low: $318 (Rating Area 1)
High: $357 (Rating Area 2)

Metal Level:
BRONZE
Plan Name: Bronze Essential 8000 with 4 Copay No Deductible
Office Visits UW Medicine

Plan Type: EPO
Deductible: $8,000
OOPM: $8,700
Primary Care Visit: $60 copay with deductible/ 10% coinsurance after deductible
Specialist Visit: $60 copay with deductible/ 10% coinsurance after deductible
Urgent Care: $60 copay with deductible/ 10% coinsurance after deductible
Generic Drugs: $15 copay

Metal Level: BRONZE
Premium: $313
(Rating Area 1)
1 County: Pierce

Plan Name: Bronze Essential 8000 with 4 Copay No Deductible
Office Visits MultiCare Connected Care

Plan Type: EPO
Deductible: $8,000
OOPM: $8,700
Primary Care Visit: $60 copay with deductible/ 10% coinsurance after deductible
Specialist Visit: $60 copay with deductible/ 10% coinsurance after deductible
Urgent Care: $60 copay with deductible/ 10% coinsurance after deductible
Generic Drugs: $15 copay

Metal Level: BRONZE
Premium: $321
(Rating Area 5)
1 County: Pierce
Plan Name: **Bronze Essential 8000 with 4 Copay No Deductible**
**Office Visits Eastside Health Network**

- **Plan Type:** EPO
- **Deductible:** $8,000
- **OOPM:** $8,700
- **Primary Care Visit:** $60 copay with deductible/ 10% coinsurance after deductible
- **Specialist Visit:** $60 copay with deductible/ 10% coinsurance after deductible
- **Urgent Care:** $60 copay with deductible/ 10% coinsurance after deductible
- **Generic Drugs:** $15 copay

---

Plan Name: **Regence Cascade Bronze**
**Individual and Family 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

---

Premium Range:
- **Low:** $329 (Rating Area 1)
- **High:** $369 (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  
**MultiCare Connected Care 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

**Plan Name:** Regence Cascade Bronze  
**UW Medicine 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
Plan Name: Regence Cascade Bronze
            Eastside Health 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
Plan Name: UnitedHealthcare of Oregon, Inc.  
Cascade Select Gold

Plan Type: EPO
Deductible: $500 Medical / $0 Drug
OOPM: $5,250
Primary Care Visit: $15 copay
Specialist Visit: $40 copay
Urgent Care: $35 copay
Generic Drugs: $10 copay

Plan Name: UHC Gold Value +

Plan Type: EPO
Deductible: $1,500
OOPM: $7,500
Primary Care Visit: $30 copay
Specialist Visit: $50 copay
Urgent Care: $50 copay
Generic Drugs: $5 copay
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

Plan Name: UHC Silver Value +

Plan Type: EPO
Deductible: $3,500
OOPM: $8,000
Primary Care Visit: $25 copay
Specialist Visit: $50 copay
Urgent Care: $60 copay
Generic Drugs: $15 copay
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

Plan Name: UHC Bronze Value +

Plan Type: EPO
Deductible: $8,400
OOPM: $8,700
Primary Care Visit: $50 copay
Specialist Visit: 50% coinsurance after deductible
Urgent Care: $80 copay
Generic Drugs: $20 copay
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:** $375/child; $750/2+ children
- **Dental Cleaning:** No charge
- **Filling (Amalgam):** 20% coinsurance after deductible
- **X-rays:** No Charge
## PEDIATRIC DENTAL

### Plan Name: Lifewise Individual Pediatric Dental Plan

- **Coverage:** Low
- **Plan Type:** PPO
- **Deductible:** $65
- **Annual Benefit Limit:** Unlimited
- **OOPM:** $375/child; $750/2+ children
- **Dental Cleaning:** 10% coinsurance after deductible
- **Filling (Amalgam):** 20% coinsurance after deductible
- **X-rays:** 10% coinsurance after deductible

### Plan Name: Premera Blue Cross Individual Pediatric Dental Plan

- **Coverage:** Low
- **Plan Type:** PPO
- **Deductible:** $65
- **Annual Benefit Limit:** Unlimited
- **OOPM:** $375/child; $750/2+ children
- **Dental Cleaning:** 10% coinsurance after deductible
- **Filling (Amalgam):** 20% coinsurance after deductible
- **X-rays:** 10% coinsurance after deductible
Plan Name: Dental PPO 0-20-50 1500

Coverage: PPO

Plan Type: High

Deductible: $50

Annual Benefit Limit: $0 for child; $1,500 / adult

OOPM: $375/child; $750 /2+ children; N/A for adult

Dental Cleaning: No charge

Filling (Amalgam): 20% coinsurance after deductible / adult

20% coinsurance / child

X-rays: No charge
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 - $45.56
Adult - $37.04

All Washington Counties

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:** $375/child; $750/2+ children; N/A for adult
- **Dental Cleaning:** No charge after deductible
- **Filling (Amalgam):** 50% coinsurance after deductible
- **X-rays:** No charge

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
OOPM: $375/child; $750/2+ children
Dental Cleaning: 10% coinsurance after deductible/ child,
No charge/ adult
Filling (Amalgam): 20% coinsurance after deductible/ child
40% coinsurance after deductible/ adult;
X-rays: 10% coinsurance after deductible

Plan Name: Dental PPO 0-20-50 1000

Coverage: PPO
Plan Type: High
Deductible: $50
Annual Benefit Limit: $0 for child; $1,000 / adult
OOPM: $375/child; $750 /2+ children; N/A for adult
Dental Cleaning: No charge
Filling (Amalgam): 20% coinsurance after deductible/ adult
20% coinsurance / child
X-rays: No charge
Plan Name: Dental PPO 0-20-50 1500

Coverage: PPO
Plan Type: High
Deductible: $50
Annual Benefit Limit: $0 for child; $1,500 / adult
OOPM: $375/child; $750/2+ children; N/A for adult
Dental Cleaning: No charge
Filling (Amalgam): 20% coinsurance after deductible/ adult
20% coinsurance / child
X-rays: No charge
All plans listed have met the 19 certification criteria.

**EXCHANGE INDIVIDUAL MARKET**

**BridgeSpan Health Company**
- BridgeSpan Cascade Gold
- BridgeSpan Cascade Silver
- BridgeSpan Cascade Bronze
- BridgeSpan Cascade Select Gold
- BridgeSpan Cascade Select Silver
- BridgeSpan Cascade Select Bronze
- Bronze Care on Demand 8000
- Bronze Essential 7500
- Bronze HDHP 6500

**Community Health Network of Washington**
- Community Health Network of Washington Cascade Select Gold
- Community Health Network of Washington Cascade Select Silver
- Community Health Network of Washington Cascade Select Bronze

**Coordinated Care Corporation**
- Ambetter Cascade Gold
- Ambetter Cascade Silver
- Ambetter Cascade Bronze
- Ambetter Cascade Select Gold
- Ambetter Cascade Select Silver
- Ambetter Cascade Select Bronze
- Ambetter Balanced Care 1
- Ambetter Balanced Care 1 + Vision
- Ambetter Balanced Care 4
- Ambetter Balanced Care 4 + Vision
- Ambetter Essential Care 1
- Ambetter Essential Care 1 + Vision
- Ambetter Essential Care: $0 Medical Deductible
- Ambetter Essential Care: $0 Medical Deductible + Vision
- Ambetter Secure Care 5
- Ambetter Secure Care 5 + Vision
- Ambetter Secure Care 20
- Ambetter Secure Care 20 + Vision

**Kaiser Foundation Health Plan of the Northwest**
- KP Cascade Gold
- KP Cascade Silver
- KP Cascade Bronze
- KP WA Gold 0/20
- KP WA Gold 2000/30
- 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 – 22
- Flex Silver – 22
- Flex Bronze – 22
- Virtual Plus Silver – 22
- Virtual Plus Bronze – 22
- Bronze HSA – 22
- Bronze – 22
- Basics Plus Catastrophic Plan – 22

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

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<th>Molina Healthcare of Washington</th>
<th>Regence BlueShield</th>
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<tbody>
<tr>
<td>Molina Cascade Gold</td>
<td>Regence Cascade Gold Eastside Health Network</td>
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<tr>
<td>Molina Cascade Silver</td>
<td>Regence Cascade Gold Individual and Family Network</td>
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<tr>
<td>Molina Cascade Bronze</td>
<td>Regence Cascade Gold MultiCare Connected Care Network</td>
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<td>Molina Choice Gold</td>
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<td>Core Care Bronze 1</td>
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<td>Gold 2500 with Vision Exam Exchange</td>
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<td>Navigator Silver 5000</td>
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<td>Navigator Bronze 7000</td>
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<td>Exchange PeaceHealth</td>
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motion to adopt the resolution to certify

APPENDIX II

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

**Dentegra**
Dentegra Dental PPO Family Basic Plan

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

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

**PacificSource Health Plans**
Kids Dental PPO 0-20-50
Dental PPO 0-20-50 1000
Dental PPO 0-20-50 1500

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