WASHINGTON HEALTH BENEFIT EXCHANGE

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

Overview
7 Issuers
41 Individual QHPs
38 Renewals
3 New

Gold
7 Issuers
9 Plans
8 Renewals
1 New

Silver
7 Issuers
19 Plans
18 Renewals
1 New

Bronze
5 Issuers
11 Plans
10 Renewals
1 New

Catastrophic
2 Issuers
2 Plans
2 Renewals
0 New
SUMMARY OF DENTAL MARKET

**Pediatric Dental**
- 4 Issuers
- 4 Individual QDPs
- 2 Low
- 2 High
- 3 Renewals
- 1 New

**Family Dental**
- 2 Issuers
- 2 Individual QDPs
- 1 Low
- 1 High
- 1 Renewal
- 1 New
All counties have individual health and dental plan coverage.

Deductibles are increasing, particularly in silver plans

No PPO plans; market evenly divided between EPO and HMP plans.

15 plans cover primary care visits before deductible.
### RATING AREAS

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<thead>
<tr>
<th>Rating Area 1</th>
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### RATE INFORMATION

All rates in this document are for a 40 year-old non-smoking individual. The Office of the Insurance Commissioner has approved each silver plan to be offered in the Exchange for 2018, with two sets of rates: lower rates and higher rates, to account for potential termination of cost-sharing reduction (CSR) payments to issuers. The OIC will trigger the second, higher rates during 2018, if necessary. This document shows both rates for silver plans.
**GOLD PLANS**

**GOLD**

<table>
<thead>
<tr>
<th>Issuer: BridgeSpan</th>
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</thead>
<tbody>
<tr>
<td>Name: Gold Essential 1200 Exchange EPO</td>
</tr>
<tr>
<td>RealValue</td>
</tr>
</tbody>
</table>

**PLAN SUMMARY**

- Plan Type: EPO
- Deductible: $1,200
- OOPM: $7,350
- PCP co-pay: $30
- Services before deductible: 4 copays prior to primary care deductible/coinsurance

**Monthly Premium**

$518

Counties Offered: (1) Klickitat

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**GOLD**

<table>
<thead>
<tr>
<th>Issuer: Coordinated Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Ambetter Secure Care 1 (2018) with 3 Free PCP Visits</td>
</tr>
</tbody>
</table>

**PLAN SUMMARY**

- Plan Type: HMO
- Deductible: $1,000 medical; $500 drugs
- OOPM: $6,350
- PCP co-pay: Not applicable
- Services before deductible: 3 primary care visits

**Monthly Premium**

$376 - $411

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

**Issuer:** Kaiser Foundation of the Northwest  
**Name:** KP WA Gold 0/20  
**Plan Type:** EPO  
**Deductible:** $0  
**OOPM:** $7,000  
**PCP co-pay:** $20  
**Services before deductible:** No deductible

**PLAN SUMMARY**

**Issuer:** Kaiser Foundation of the Northwest  
**Name:** KP WA Gold 1000/20  
**Plan Type:** EPO  
**Deductible:** $1,000  
**OOPM:** $7,000  
**PCP co-pay:** $20  
**Services before deductible:** Not applicable
**GOLD PLANS**

**GOLD**

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

**PLAN SUMMARY**

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

**Monthly Premium**

- $406 - $453

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

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**GOLD**

Issuer: LifeWise  
Name: LifeWise Essential Gold EPO 1000

**PLAN SUMMARY**

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

**Monthly Premium**

- $461 - $529

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

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**GOLD**

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

**PLAN SUMMARY**

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

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**GOLD**

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

**PLAN SUMMARY**

- **Plan Type:** EPO  
- **Deductible:** $1,500  
- **OOPM:** $6,800  
- **PCP co-pay:** $15  
- **Services before deductible:** 2 visits prior to primary care cost sharing begins

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**Monthly Premium**

- **Premera Blue Cross PersonalCare Gold**  
  - Offered: $439 - $505  
  - Not Offered:  
  - Counties Offered: (12) Clark, Skamania, King, Pierce, Mason, Klickitat, Thurston, Spokane, Ferry, Lincoln, Pend Oreille, Stevens

- **Molina Marketplace Choice Gold**  
  - Offered: $606 - $621  
  - Not Offered: (3) King, Pierce, Snohomish

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### GOLD PLANS

<table>
<thead>
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<th>PLAN SUMMARY</th>
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<tbody>
<tr>
<td><strong>Issuer:</strong> Premera</td>
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<tr>
<td><strong>Name:</strong> Premera Blue Cross Preferred Gold EPO 1500</td>
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<td><strong>Plan Type:</strong> EPO</td>
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<tr>
<td><strong>Deductible:</strong> $1,500</td>
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<tr>
<td><strong>OOPM:</strong> $6,800</td>
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<tr>
<td><strong>PCP co-pay:</strong> $15</td>
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<tr>
<td><strong>Services before deductible:</strong> 2 visits prior to primary care cost sharing begins</td>
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</tbody>
</table>

**Monthly Premium**
$571 - $636

**SILVER PLANS**

### BridgeSpan

**Issuer:** BridgeSpan  
**Name:** Silver HDHP 3000 Exchange  
**BridgeSpan EPO RealValue**

<table>
<thead>
<tr>
<th>PLAN SUMMARY</th>
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<tbody>
<tr>
<td>Plan Type: EPO</td>
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<tr>
<td>Deductible: $3,000</td>
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<tr>
<td>OOPM: $6,650</td>
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<tr>
<td>PCP co-pay: Not applicable</td>
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<tr>
<td>Services before deductible: No</td>
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</tbody>
</table>

**Monthly Premium**

| CSRs funded: | $387 | CSRs non-funded: | $492 |

**Counties Offered:** (1) Klickitat

### Coordinated Care

**Issuer:** Coordinated Care  
**Name:** Ambetter Balanced Care 1 (2018)

<table>
<thead>
<tr>
<th>PLAN SUMMARY</th>
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<tbody>
<tr>
<td>Plan Type: HMO</td>
</tr>
<tr>
<td>Deductible: $5,500</td>
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<tr>
<td>OOPM: $6,500</td>
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<tr>
<td>PCP co-pay: $30</td>
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<td>Services before deductible: Yes</td>
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</tbody>
</table>

**Monthly Premium**

| CSRs funded: | $287-$314 | CSRs non-funded: | $315-$344 |

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

**PLAN SUMMARY**

**Issuer:** Coordinated Care  
**Name:** Ambetter Balanced Care 2 (2018)  
**Plan Type:** HMO  
**Deductible:** $6,500  
**OOPM:** $6,500  
**PCP co-pay:** $30  
**Services before deductible:** Yes

**Monthly Premium**
- CSRs funded: $283-$309
- CSRs non-funded: $310-$339

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

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**PLAN SUMMARY**

**Issuer:** Coordinated Care  
**Name:** Ambetter Balanced Care 10 (2018)  
**Plan Type:** HMO  
**Deductible:** $5,000  
**OOPM:** $6,700  
**PCP co-pay:** $20  
**Services before deductible:** Yes

**Monthly Premium**
- CSRs funded: $294-$321
- CSRs non-funded: $322-$352

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

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

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

Monthly Premium
CSRs funded: $303-$331
CSRs non-funded: $332-$363

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

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

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

Monthly Premium
CSRs funded: $274-$299
CSRs non-funded: $300-$328

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

**ISSUER:** Coordinated Care

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

**PLAN SUMMARY**

- **Plan Type:** HMO
- **Deductible:** $5,500
- **OOPM:** $6,500
- **PCP co-pay:** $30
- **Services before deductible:** Yes

**Monthly Premium**

- **CSRs funded:** $292-$319
- **CSRs non-funded:** $319-$349

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

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**ISSUER:** Coordinated Care

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

**PLAN SUMMARY**

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

**Monthly Premium**

- **CSRs funded:** $287-$314
- **CSRs non-funded:** $314-$344

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

SILVER PLANS

Issuer: Coordinated Care
Name: Ambetter Balanced Care 10 (2018) + Vision

PLAN SUMMARY
Plan Type: HMO
Deductible: $5,000
OOPM: $6,700
PCP co-pay: $20
Services before deductible: Yes

Monthly Premium
CSRs funded: $298-$326
CSRs non-funded: $326-$357

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

SILVER PLANS

Issuer: Coordinated Care
Name: Ambetter Balanced Care 3 (2018) + Vision

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

Monthly Premium
CSRs funded: $308-$336
CSRs non-funded: $337-$368

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

**KP WA Silver 3500/30**
- **Issuer:** Kaiser Foundation of the Northwest
- **Name:** KP WA Silver 3500/30
- **Plan Type:** EPO
- **Deductible:** $3,500
- **OOPM:** $7,350
- **PCP co-pay:** $30
- **Services before deductible:** Not applicable

**Monthly Premium**
- **CSRs funded:** $351-$369
- **CSRs non-funded:** $414-$435

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

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**KP WA Silver 2500/30**
- **Issuer:** Kaiser Foundation of the Northwest
- **Name:** KP WA Silver 2500/30
- **Plan Type:** EPO
- **Deductible:** $2,500
- **OOPM:** $7,350
- **PCP co-pay:** $30
- **Services before deductible:** Not applicable

**Monthly Premium**
- **CSRs funded:** $368-$387
- **CSRs non-funded:** $432-$453

**Counts Offered:** (2) Clark, Cowlitz
**Silver Plans**

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

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

**Monthly Premium**
- **CSR funded:** $333-$371
- **CSR non-funded:** $403-$450

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

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**Issuer:** Kaiser Foundation of Washington  
**Name:** VisitsPlus Silver HD - 18

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

**Monthly Premium**
- **CSR funded:** $328-$366
- **CSR non-funded:** $407-$453

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

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**PLAN SUMMARY**

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

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**Monthly Premium**

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<th>CSRs funded:</th>
<th>CSRs non-funded:</th>
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<td>$354-$406</td>
<td>$405-$464</td>
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**Counties Offered:** Adams, Asotin, Benton, Clallam, Clark, Columbia, Cowlitz, Franklin, Garfield, Grant, Jefferson, Kitsap, Okanogan, Pacific, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman

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

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**Monthly Premium**

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<th>CSRs non-funded:</th>
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<td>$367-$421</td>
<td>$423-$485</td>
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**Counties Offered:** Adams, Asotin, Benton, Clallam, Clark, Columbia, Cowlitz, Franklin, Garfield, Grant, Jefferson, Kitsap, Okanogan, Pacific, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman
SILVER PLANS

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

Monthly Premium
CSR-funded: $324-$373
CSR-non-funded: $362-$416

Plan Summary
Issuer: Premera
Name: Premera Blue Cross PersonalCare Silver
Plan Type: EPO
Deductible: $4,500
OOPM: $7,350
PCP co-pay: $30
Services before deductible: 2 visits prior to primary care cost sharing begins

Monthly Premium
CSR-funded: $469-$481
CSR-non-funded: $517-$529

Counties Offered:
- Molina: (12) Clark, Skamania, King, Pierce, Mason, Klickitat, Thurston, Spokane, Ferry, Lincoln, Pend Oreille, Stevens
- Premera: (3) King, Pierce, Snohomish
**Plan Summary**

<table>
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<tr>
<th>Issuer</th>
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<td>Premera Blue Cross Preferred</td>
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<td>Silver EPO 4500</td>
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<td>OOPM</td>
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<tr>
<td>Services before deductible</td>
<td>2 visits prior to primary care cost sharing begins</td>
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</table>

**Monthly Premium**

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

**Counties Offered:** Adams, Asotin, Benton, Clallam, Columbia, Cowlitz, Franklin, Garfield, Grant, Grays Harbor, Jefferson, Kitsap, Okanogan, Pacific, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman
**BRONZE PLANS**

**BRONZE PLAN SUMMARY**

Issuer: BridgeSpan
Name: Bronze HDHP 6000 Exchange EPO
RealValue

**PLAN SUMMARY**

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

**Monthly Premium**

$326

Counts offered: (1) Klickitat

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**BRONZE PLAN SUMMARY**

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

**PLAN SUMMARY**

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

**Monthly Premium**

$268 - $281

Counts offered: (2) Clark, Cowlitz
Plan Summary

**Issuer:** Kaiser Foundation of the Northwest

**Name:** KP WA Bronze 6500/50

**Plan Type:** EPO

**Deductible:** $6,500

**OOPM:** $7,350

**PCP co-pay:** $50 copay

Services before deductible: 2 copays prior to primary care deductible/coinsurance

**Monthly Premium**

$278 - $292

Counties Offered: (2) Clark, Cowlitz

---

**Issuer:** Kaiser Foundation of the Northwest

**Name:** KP WA Bronze 5000/50

**Plan Type:** EPO

**Deductible:** $5,000

**OOPM:** $7,350

**PCP co-pay:** $50 copay

Services before deductible: 2 copays prior to primary care deductible/coinsurance

**Monthly Premium**

$286 - $300

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

**ISSUER:** Kaiser Foundation of Washington

**NAME:**
- Bronze - 18
- Flex Bronze - 18

**PLAN SUMMARY**

**ISSUER:** Kaiser Foundation of Washington

**NAME:**
- Bronze - 18
- Flex Bronze - 18

**Plan Type:** HMO

**Deductible:**
- $7,150
- $7,000

**OOPM:**
- $7,150
- $7,150

**PCP co-pay:**
- Not applicable
- $40

**Services before deductible:**
- No
- 3 copays prior to primary care deductible/coinsurance

**Monthly Premium**

**BRONZE**

$264 - $295

**monthly premium**

$271 - $303

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

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

**Issuer:** Kaiser Foundation of Washington  
**Name:** Core Bronze HSA - 18

**PLAN SUMMARY**
- **Plan Type:** HMO
- **Deductible:** $5,500
- **OOPM:** $6,550
- **PCP co-pay:** Not applicable
- **Services before deductible:** No

---

**Issuer:** LifeWise  
**Name:** LifeWise Essential Bronze EPO 6350

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

---

**Monthly Premium**
- **Kaiser Foundation of Washington:** $273 - $304
- **LifeWise:** $312 - $357

**Counties Offered:**
### Premera Blue Cross Preferred

**Bronze HSA EPO 5250**

**Plan Summary**

- **Issuer:** Premera
- **Name:** Premera Blue Cross Preferred
- **Plan Type:** EPO
- **Deductible:** $5,250
- **OOPM:** $6,600
- **PCP co-pay:** Not applicable
- **Services before deductible:** No

**Monthly Premium**

- $392 - $436

**Counties Offered:**

### Premera Blue Cross PersonalCare

**Bronze**

**Plan Summary**

- **Issuer:** Premera
- **Name:** Premera Blue Cross PersonalCare
- **Plan Type:** EPO
- **Deductible:** $6,350
- **OOPM:** $7,350
- **PCP co-pay:** $50
- **Services before deductible:** No

**Monthly Premium**

- $411 - $422

**Counties Offered:**
- King, Pierce, Snohomish
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**PLAN SUMMARY**

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

**Issuer:** Kaiser Foundation of Washington  
**Name:** Core Basic Plus Catastrophic - 18  
**Plan Type:** HMO  
**Deductible:** $7,350  
**OOPM:** $7,350  
**PCP co-pay:** Not applicable  
**Services before deductible:** 3 copays prior to primary care deductible/coinsurance

---

**Issuer:** Kaiser Foundation of Northwest  
**Name:** KP WA Catastrophic 7350/0  
**Plan Type:** HMO  
**Deductible:** $7,350  
**OOPM:** $7,350  
**PCP co-pay:** $0 copay after deductible  
**Services before deductible:** 3 visits no charge prior to primary care deductible/coinsurance

---

**Monthly Premium**  
**Kaiser Foundation of Washington:** $225 - $251  
**Kaiser Foundation of Northwest:** $280 - $294

**: Counties Offered:**  
- Kaiser Foundation of Northwest: Clark, Cowlitz
## DENTAL PLANS

### Delta Dental Individual - Washington Kids Plan
- **Issuer:** Delta Dental
- **Name:** Delta Dental Individual - Washington Kids Plan
- **Plan Type:** Child-Only
- **Coverage:** High
- **Play Type:** PPO
- **Deductible:** $85
- **Annual Benefit Limit:** No
- **OOPM:** $350
- **Monthly Premium**
  - Per Member: $34.67
- **Counties Offered:** (39) All

### Delta Dental Family - Essential Plus Plan
- **Issuer:** Delta Dental
- **Name:** Delta Dental Family - Essential Plus Plan
- **Plan Type:** Family
- **Coverage:** High
- **Play Type:** PPO
- **Deductible:** Adult: $85; Child: $50
- **Annual Benefit Limit:** Adult: $1,000; Child: No
- **OOPM:** $350 individual
- **Monthly Premium**
  - Adult: $41.41
  - Child: $35.97
- **Counties Offered:** (39) All
DENTAL PLANS

**Dentegra Dental PPO Family Basic Plan**
- **Issuer:** Dentegra
- **Name:** Dentegra Dental PPO Family Basic Plan
- **Plan Type:** Family
- **Coverage:** Low
- **Play Type:** PPO
- **Deductible:** $75
- **Annual Benefit Limit:** Adult: $1,000; Child: No
- **OOPM:** $350

**Dental Plans**

**LifeWise Individual Pediatric Dental Plan**
- **Issuer:** LifeWise
- **Name:** LifeWise Individual Pediatric Dental Plan
- **Plan Type:** Child-Only
- **Coverage:** Low
- **Play Type:** PPO
- **Deductible:** $65
- **Annual Benefit Limit:** No
- **OOPM:** $350

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

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

**Counties Offered:**
- (12) Clark, Cowlitz, King, Kitsap, Mason, Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, Whatcom
- (20) Adams, Asotin, Benton, Clallam, Clark, Columbia, Cowlitz, Franklin, Garfield, Grant, Jefferson, Klickitat, Okanogan, Pacific, Spokane, Thurston, Whatcom, Walla Walla, Whitman
DENTAL PLANS

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

**PLAN SUMMARY**

Plan Type: Child-Only  Coverage: High
Play Type: EPO
Deductible: $50
Annual Benefit Limit: No
OOPM: $350

---

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

**PLAN SUMMARY**

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

---

Monthly Premium
Per Member: $27.54

Counties Offered: (2) Clark, Cowlitz

Monthly Premium
Per Member: $29.85

All plans listed have met the 19 certification criteria.

**INDIVIDUAL MARKET**

**BridgeSpan Health Company**
Gold Essential 1200 Exchange EPO RealValue
Silver HDHP 3000 Exchange EPO RealValue
Bronze HDHP 6000 Exchange EPO RealValue

**Coordinated Care**
Ambetter Secure Care 1 (2018) with 3 Free PCP visits
Ambetter Balanced Care 1 (2018)
Ambetter Balanced Care 2 (2018)
Ambetter Balanced Care 3 (2018)
Ambetter Balanced Care 4 (2018)
Ambetter Balanced Care 1 (2018) + Vision
Ambetter Balanced Care 2 (2018) + Vision
Ambetter Balanced Care 3 (2018) + Vision

**Kaiser Foundation Health Plan of Washington**
Flex Gold - 18
Flex Silver - 18
VisitsPlus Silver HD - 18
Bronze - 18
Flex Bronze - 18
Core Bronze HSA - 18
Core Basic Plus Catastrophic - 18

**Kaiser Foundation Health Plan of the Northwest**
KP WA Gold 0/20
KP WA Gold 1000/20
KP WA Silver 3500/30
KP WA Silver 2500/30
KP WA Bronze 5700/30% H.S.A.
KP WA Bronze 6500/50
KP WA Bronze 5000/50
KP WA Catastrophic 7350/0

**LifeWise Health Plan of Washington**
LifeWise Essential Gold EPO 1000
LifeWise Essential Silver EPO 4000
LifeWise Essential Silver EPO HSA 3000
LifeWise Essential Bronze EPO 6350

**Molina Healthcare of Washington**
Molina Marketplace Choice Gold
Molina Marketplace Choice Silver

**Premera Blue Cross**
Premera Blue Cross PersonalCare Gold
Premera Blue Cross Preferred Gold EPO 1500
Premera Blue Cross PersonalCare Silver
Premera Blue Cross Preferred Silver EPO 4500
Premera Blue Cross Preferred Bronze HSA EPO 5250
Premera Blue Cross PersonalCare Bronze
Premera Blue Cross Preferred Bronze EPO 6350
All plans listed have met the 10 certification criteria.

**DENTAL**
Delta
Delta Dental Individual - Washington Kids Plan
Delta Dental Family - Essential Plus Plan

Dentegra
Dentegra Dental PPO Family Basic Plan

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

LifeWise Health Plan of Washington
LifeWise Individual Pediatric Dental Plan

Premera Blue Cross
Premera Blue Cross Individual Pediatric Dental Plan
## APPENDIX III

### Plans by county 2017 vs 2018

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Plans by county 2017 vs 2018

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Plans by county 2017 vs 2018

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