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
1. All counties have individual health and dental plan coverage.

2. Deductibles are increasing, particularly in silver plans.

3. No PPO plans; market evenly divided between EPO and HMO plans.

4. 15 plans cover primary care visits before deductible.
NUMBER OF ISSUERS BY COUNTY

2018

2017

4
RATING AREAS AND RATE INFORMATION

RATING AREAS

1. Rating Area 1: King
2. Rating Area 2: Clallam, Kitsap, San Juan, Whatcom
3. Rating Area 3: Clark, Klickitat, Skamania
4. Rating Area 4: Ferry, Stevens, Lincoln, Pend Oreille, Spokane

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.
<table>
<thead>
<tr>
<th>GOLD PLANS</th>
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<tbody>
<tr>
<td><strong>GOLD</strong></td>
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</table>

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

<table>
<thead>
<tr>
<th>Issuer: Coordinated Care</th>
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</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

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**Monthly Premium**

- BridgeSpan: $518
- Coordinated Care: $376 - $411

**Counties Offered:**

- BridgeSpan: (1) Klickitat
- Coordinated Care: (19) Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Jefferson, King, Kittitas, Lewis, Lincoln, Pierce, Spokane, Stevens, Snohomish, Thurston, Walla Walla, Yakima
GOLD PLANS

GOLD

Issuer: Kaiser Foundation of the Northwest
Name: KP WA Gold 0/20

PLAN SUMMARY
Plan Type: EPO
Deductible: $0
OOPM: $7,000
PCP co-pay: $20
Services before deductible: No deductible

Monthly Premium
$435 - $457

Counties Offered: (2) Clark, Cowlitz

GOLD

Issuer: Kaiser Foundation of the Northwest
Name: KP WA Gold 1000/20

PLAN SUMMARY
Plan Type: EPO
Deductible: $1,000
OOPM: $7,000
PCP co-pay: $20
Services before deductible: Not applicable

Monthly Premium
$406 - $427

Counties Offered: (2) Clark, Cowlitz
**Plan Summary**

**Issuer:** LifeWise

**Name:** LifeWise Essential Gold EPO 1000

**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

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**Plan Summary**

**Issuer:** Kaiser Foundation of Washington

**Name:** Flex Gold - 18

**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 PLANS**
### Molina Marketplace Choice 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  

**Monthly Premium**  
$439 - $505  

*Counties Offered: (12) Clark, Skamania, King, Pierce, Mason, Klickitat, Thurston, Spokane, Ferry, Lincoln, Pend Oreille, Stevens*

### Premera Blue Cross PersonalCare 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  

**Monthly Premium**  
$606 - $621  

*Counties Offered: (3) King, Pierce, Snohomish*
**GOLD PLANS**

**GOLD**

Issuer: Premera

Name: Premera Blue Cross Preferred Gold EPO 1500

**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

**Monthly Premium**

$571 - $636

SILVER PLANS

### BridgeSpan

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

**Plan Summary**
- **Plan Type:** EPO  
- **Deductible:** $3,000  
- **OOPM:** $6,650  
- **PCP co-pay:** Not applicable  
- **Services before deductible:** Not applicable

**Monthly Premium**
- CSRs funded: $387  
- CSRs non-funded: $492

**Counties Offered:** (1) Klickitat

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### Coordinated Care

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

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

**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

**SILVER PLANS**

**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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**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

**Plan Summary**

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

**SILVER PLAN SUMMARY**

**Issuer:** Coordinated Care

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

- **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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**SILVER PLAN SUMMARY**

**Issuer:** Coordinated Care

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

- **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

**Planned Benefits**

**Issuer:** Coordinated Care

**Name:** Ambetter Balanced Care 10 (2018) + Vision

**Plan Type:** HMO

**Deductible:** $5,000

**OOPM:** $6,700

**PCP co-pay:** $20

**Services before deductible:** Yes

**Monthly Premium**

<table>
<thead>
<tr>
<th>CSRs funded</th>
<th>CSRs non-funded</th>
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<tbody>
<tr>
<td>$298-$326</td>
<td>$326-$357</td>
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</tbody>
</table>

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

**Planned Benefits**

**Issuer:** Coordinated Care

**Name:** Ambetter Balanced Care 3 (2018) + Vision

**Plan Type:** HMO

**Deductible:** $3,000

**OOPM:** $6,500

**PCP co-pay:** $30

**Services before deductible:** Yes

**Monthly Premium**

<table>
<thead>
<tr>
<th>CSRs funded</th>
<th>CSRs non-funded</th>
</tr>
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<tbody>
<tr>
<td>$308-$336</td>
<td>$337-$368</td>
</tr>
</tbody>
</table>

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: 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
CSR funded: $351-$369
CSR non-funded: $414-$435

Counties Offered: (2) Clark, Cowlitz

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
CSR funded: $368-$387
CSR non-funded: $432-$453

Counties 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**

- **CSRs funded:** $333-$371
- **CSRs 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:** Not applicable

**Monthly Premium**

- **CSRs funded:** $328-$366
- **CSRs 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

#### 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

<table>
<thead>
<tr>
<th>Monthly Premium</th>
<th>CSRs funded:</th>
<th>CSRs non-funded:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$354-$406</td>
<td>$405-$464</td>
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</table>

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

#### PLAN SUMMARY

**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:** Not applicable

<table>
<thead>
<tr>
<th>Monthly Premium</th>
<th>CSRs funded:</th>
<th>CSRs non-funded:</th>
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<tr>
<td></td>
<td>$367-$421</td>
<td>$423-$485</td>
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</table>

Counties Offered: Adams, Asotin, Benton, Clallam, Clark, Columbia, Cowlitz, Franklin, Garfield, Grant, Jefferson, Kitsap, Okanogan, Pacific, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman
### Molina Marketplace Choice Silver

- **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

### Premera Blue Cross PersonalCare Silver

- **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

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### Monthly Premium

- **Molina Marketplace Choice Silver**
  - CSRs funded: $324-$373
  - CSRs non-funded: $362-$416

- **Premera Blue Cross PersonalCare Silver**
  - CSRs funded: $469-$481
  - CSRs non-funded: $517-$529
**SILVER PLAN SUMMARY**

Issuer: Premera

Name: Premera Blue Cross Preferred

Silver EPO 4500

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

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**Monthly Premium**

<table>
<thead>
<tr>
<th>CSRs funded:</th>
<th>CSRs non-funded:</th>
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<tr>
<td>$442-$492</td>
<td>$499-$556</td>
</tr>
</tbody>
</table>


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**SILVER PLANS**
**BRONZE PLAN SUMMARY**

**Issuer:** BridgeSpan  
**Name:** Bronze HDHP 6000 Exchange EPO  
**Real Value**

**Plan Summary**

- **Plan Type:** EPO  
- **Deductible:** $6,000  
- **OOPM:** $6,650  
- **PCP co-pay:** Not applicable  
- **Services before deductible:** Not applicable

**Monthly Premium**  
$326

**Counties Offered:** (1) Klickitat

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**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:** Not applicable

**Monthly Premium**  
$268 - $281

**Counties 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

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**PLAN SUMMARY**

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

**PLAN SUMMARY**
- **Plan Type:** HMO  
- **Deductible:** $7,150  
- **OOPM:** $7,150  
- **PCP co-pay:** Not applicable  
- **Services before deductible:** Not applicable

**Monthly Premium**  
$264 - $295

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

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

**PLAN SUMMARY**
- **Plan Type:** HMO  
- **Deductible:** $7,000  
- **OOPM:** $7,150  
- **PCP co-pay:** $40  
- **Services before deductible:** 3 copays prior to primary care deductible/coinsurance

**Monthly Premium**  
$271 - $303

**Counties Offered:** 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: Not applicable

**Monthly Premium**
- $273 - $304

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: 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: Not applicable

**Monthly Premium**
- $312 - $357

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

**Issuer:** Premera

**Name:** Premera Blue Cross Preferred

**Premera Blue Cross Preferred Bronze HSA EPO 5250**

**PLAN SUMMARY**

- **Plan Type:** EPO
- **Deductible:** $5,250
- **OOPM:** $6,600
- **PCP co-pay:** Not applicable
- **Services before deductible:** Not applicable

**Monthly Premium**

$392 - $436


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**Issuer:** Premera

**Name:** Premera Blue Cross PersonalCare

**Premera Blue Cross PersonalCare Bronze**

**PLAN SUMMARY**

- **Plan Type:** EPO
- **Deductible:** $6,350
- **OOPM:** $7,350
- **PCP co-pay:** $50
- **Services before deductible:** Not applicable

**Monthly Premium**

$411 - $422

Counties Offered: (3) King, Pierce, Snohomish
Issuer: Premera
Name: Premera Blue Cross Preferred Bronze EPO 6350

Plan Type: EPO
Deductible: $6,350
OOPM: $7,350
PCP co-pay: $50
Services before deductible: Not applicable

Monthly Premium
$387 - $431

CATASTROPHIC PLANS

**Plan 1**
Issuer: Kaiser Foundation of Washington
Name: Core Basic Plus Catastrophic - 18

**Plan Summary**
- 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

**Monthly Premium**
$225 - $251

**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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**Plan 2**
Issuer: Kaiser Foundation of Northwest
Name: KP WA Catastrophic 7350/0

**Plan Summary**
- 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**
$280 - $294

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

DENTAL PLAN SUMMARY
Issuer: Delta Dental
Name: Delta Dental Individual - Washington Kids Plan

Plan Type: Child-Only Coverage: High
Play Type: PPO
Deductible: $85
Annual Benefit Limit: Unlimited
OOPM: $350/Individual

Monthly Premium
Per Member: $34.67

Offered Not Offered
Counties Offered: (39) All

DENTAL PLAN SUMMARY
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: Unlimited
OOPM: $350/Individual

Monthly Premium
Adult: $41.41
Child: $35.97

Offered Not Offered
Counties Offered: (39) All
## DENTAL PLANS

### Dentegra
- **Issuer:** Dentegra
- **Name:** Dentegra Dental PPO Family Basic Plan

### PLAN SUMMARY
- **Plan Type:** Family
- **Coverage:** Low
- **Play Type:** PPO
- **Deductible:** $75
- **Annual Benefit Limit:** Adult: $1,000; Child: Unlimited
- **OOPM:** $350/Individual

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

### Counties Offered:
(12) Clark, Cowlitz, King, Kitsap, Mason, Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, Whatcom

### LifeWise
- **Issuer:** LifeWise
- **Name:** LifeWise Individual Pediatric Dental Plan

### PLAN SUMMARY
- **Plan Type:** Child-Only
- **Coverage:** Low
- **Play Type:** PPO
- **Deductible:** $65
- **Annual Benefit Limit:** Unlimited
- **OOPM:** $350/Individual

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

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

### 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:** Unlimited
- **OOPM:** $350/Individual

**Monthly Premium**
- **Per Member:** $27.54

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

### 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:** Unlimited
- **OOPM:** $350/Individual

**Monthly Premium**
- **Per Member:** $29.85

**Counties Offered:** (23) Adams, Asotin, Benton, Clallam, Columbia, Cowlitz, Franklin, Garfield, Grant, Grays Harbor, Jefferson, King, Kitts, Okanogan, Pacific, Pierce, Snohomish, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman
All plans listed have met the 19 certification criteria.

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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 2016 vs 2017

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### Plans by county 2016 vs 2017

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