2019 Qualified Health Plan and Qualified Dental Plan Certification Requests
September 2018
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### SUMMARY OF DENTAL MARKET

#### Family Dental
- 2 Issuers
- 1 Low
- 1 Renewal
- 2 Individual QDPs
- 1 High
- 1 New

#### Pediatric Dental
- 4 Issuers
- 2 Low
- 4 Renewals
- 4 Individual QDPs
- 2 High
- 0 New
1. All counties have individual health and dental plan coverage.

2. There is a wide variation in deductibles, particularly in silver plans.

3. 92% of Exchange consumers will have the choice of two or more issuers.

4. 26 plans offer primary care visits with a copay, not subject to the deductible.
NUMBER OF ISSUERS BY COUNTY

2019

One Issuer:
Asotin, Chelan, Clallam, Douglas, Ferry, Garfield, Grays Harbor, Island, Okanogan, Pacific, Pend Oreille, San Juan, Skagit, Wahkiakum

Two Issuers:
Adams, Cowitz, Grant, Jefferson, Klickitat, Lewis, Lincoln, Kitsap, Kittitas, Mason, Skamania, Snohomish, Whatcom, Whitman, Yakima

Three Issuers:
Benton, Clark, Columbia, Franklin, Stevens, Walla Walla

Four Issuers:
King, Pierce, Spokane, Thurston

2018

One Issuer:
Chelan, Douglas, Ferry, Grays Harbor, Island, Pend Oreille, San Juan, Skagit, Skamania

Two Issuers:
Asotin, Clallam, Garfield, Klickitat, Lewis, Lincoln, Kittitas, Mason, Okanogan, Pacific, Stevens, Wahkiakum, Yakima

Three Issuers:
Adams, Clark, Cowitz, Grant, Jefferson, Kitsap, Snohomish, Whatcom, Whitman, Walla Walla

Four Issuers:
Benton, Columbia, Franklin, King, Pierce, Walla Walla

Five Issuers:
Spokane, Thurston
All rates in this document are for a 40 year-old non-smoking individual.
**BRIDGESPAN**

**Plan Name:** Gold Essential 1200 Exchange EPO RealValue

**Plan Type:** EPO  
**Deductible:** $1,200  
**OOPM:** $7,900  
**Primary Care:** 30% coinsurance after deductible  
**Services Before Deductible:**  
- 4 primary care visits at $30 copay  
- Generic drugs

**Premium Range**  
Low: $400 (Rating Area 2)  
High: $456 (Rating Area 7)  

1 County: Klickitat

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**COORDINATED CARE**

**Plan Name:** Ambetter Secure Care 1 (2019) with 3 Free PCP Visits

**Plan Type:** HMO  
**Deductible:** $1,000 medical, $500 drug  
**OOPM:** $6,350  
**Primary Care:** 20% coinsurance after deductible; 3 free primary care visits  
**Services Before Deductible:**  
- 3 free primary care visits  
- Generic drugs

**Premium Range**  
Low: $400 (Rating Area 2)  
High: $456 (Rating Area 7)  

19 Counties: Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Jefferson, King, Kittitas, Lewis, Lincoln, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Yakima
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP WA Gold 0/20

Plan Type: EPO
Deductible: No deductible
OOPM: $7,250
Primary Care: $20 copay

Services Before Deductible:
No deductible with this plan

Premium Range
Low: $502 (Rating Area 3)
High: $527 (Rating Area 2)

2 Counties: Clark, Cowlitz

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP WA Gold 1000/20

Plan Type: EPO
Deductible: $1,000
OOPM: $7,000
Primary Care: $20 copay

Selected Services Before Deductible*:
- Primary care
- Specialist care
- Urgent care
- Mental/behavioral health visits
- Generic and preferred drugs

Premium Range
Low: $471 (Rating Area 3)
High: $495 (Rating Area 2)

2 Counties: Clark, Cowlitz

*Full list of services before deductible can be found in Appendix IV on page 34.
KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Plan Name: Flex Gold - 19
Plan Type: HMO
Deductible: $1,150
OOPM: $6,500
Primary Care: $15 copay after deductible

Services Before Deductible*:
- Preferred generic drugs
- Preferred brand drugs
- Pre-and Post-natal visits

Premium Range
Low: $474 (Rating Area 1)
High: $546 (Rating Areas 2, 6, 8, 9)

LIFEWISE

Plan Name: LifeWise Essential Gold EPO 1000
Plan Type: EPO
Deductible: $1,000
OOPM: $6,000
Primary Care: $30 copay; 2 free primary care visits

Selected Services Before Deductible*:
- 2 free primary care visits
- Primary care
- Specialist care
- Urgent care
- Mental/behavioral health visits

Premium Range
Low: $487 (Rating Area 4)
High: $548 (Rating Areas 2, 6, 8, 9)

*Full list of services before deductible can be found in Appendix IV on page 34.
GOLD PLANS

MOLINA

Plan Name: Molina Marketplace Choice Gold Plan
Plan Type: HMO
Deductible: $2,925 medical, $0 drug
OOPM: $5,000
Primary Care: $10 copay
Selected Services Before Deductible*:
• Primary care
• Specialist care
• Urgent care
• Mental/behavioral health visits
• Generic and preferred drugs

Premium Range
Low: $480 (Rating Area 4)
High: $551 (Rating Areas 3, 5)

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

PREMERA

Plan Name: Premera Blue Cross PersonalCare Gold
Plan Type: EPO
Deductible: $1,500
OOPM: $6,800
Primary Care: $15 copay; 2 free primary care visits
Selected Services Before Deductible*:
• 2 free primary care visits
• Primary care
• Specialist care
• Urgent care
• Generic drugs

Premium Range
Low: $612 (Rating Area 1)
High: $633 (Rating Area 8)

11 Counties: Benton, Cowlitz, Franklin, Grant, Grays Harbor, Kitsap, Pacific, Skamania, Stevens, Wahkiakum, Whatcom

*Full list of services before deductible can be found in Appendix IV on page 34.
PREMERA

Plan Name: Premera Blue Cross Preferred Gold EPO 1500

Plan Type: EPO
Deductible: $1,500
OOPM: $6,800

Primary Care: $15 copay; 2 free primary care visits

Selected Services Before Deductible*:  
• 2 free primary care visits
• Primary care
• Specialist care
• Urgent care
• Mental/behavioral health visits

*Full list of services before deductible can be found in Appendix IV on page 34.

PREMERA

Plan Name: Premera Blue Cross Preferred Gold EPO 1000

Plan Type: EPO
Deductible: $1,000
OOPM: $6,800

Primary Care: $15 copay; 2 free primary care visits

Selected Services Before Deductible*:  
• 2 free primary care visits
• Primary care
• Specialist care
• Urgent care
• Mental/behavioral health visits

*Full list of services before deductible can be found in Appendix IV on page 34.
SILVER PLANS

BRIDGESPAN

Plan Name: Silver HDHP 3000 Exchange EPO RealValue
Plan Type: EPO
Deductible: $3,000
OOPM: $6,750
Primary Care: 20% coinsurance after the deductible
Services Before Deductible: No services available prior to deductible

COORDINATED CARE

Plan Name: Ambetter Balanced Care 1 (2019)
Plan Type: HMO
Deductible: $5,500
OOPM: $6,500
Primary Care: $30 copay
Selected Services Before Deductible*:
- Primary care
- Specialist care
- Urgent care
- Mental/behavioral health visits
- Generic and preferred drugs

Monthly Premium
$457 (Rating Area 3)
Premium Range
Low: $351 (Rating Area 2)
High: $401 (Rating Area 7)

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

*Full list of services before deductible can be found in Appendix IV on page 34.
SILVER PLANS

COORDINATED CARE

Plan Name: Ambetter Balanced Care 1 (2019) + Vision

Plan Type: HMO
Deductible: $5,500
OOPM: $6,500
Primary Care: $30 copay
Selected Services Before Deductible*:
• Primary care
• Specialist care
• Urgent care
• Mental/behavioral health visits
• Adult vision frames or lenses

Premium Range
Low: $356 (Rating Area 2)
High: $406 (Rating Area 7)

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

*Full list of services before deductible can be found in Appendix IV on page 34.

COORDINATED CARE

Plan Name: Ambetter Balanced Care 2 (2019)

Plan Type: HMO
Deductible: $6,500
OOPM: $6,500
Primary Care: $30 copay
Selected Services Before Deductible*:
• Primary care
• Specialist care
• Urgent care
• Mental/behavioral health visits
• Generic and preferred drugs

Premium Range
Low: $348 (Rating Area 2)
High: $397 (Rating Area 7)

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

*Full list of services before deductible can be found in Appendix IV on page 34.
COORDINATED CARE

Plan Name: Ambetter Balanced Care 2 (2019) + Vision

Plan Type: HMO
Deductible: $6,500
OOPM: $6,500
Primary Care: $30 copay

Selected Services Before Deductible*:
- Primary care
- Specialist care
- Urgent care
- Mental/behavioral health visits
- Adult vision frames or lenses

Premium Range
Low: $353 (Rating Area 2)
High: $403 (Rating Area 7)

*Full list of services before deductible can be found in Appendix IV on page 34.

COORDINATED CARE

Plan Name: Ambetter Balanced Care 3 (2019)

Plan Type: HMO
Deductible: $3,000
OOPM: $6,750
Primary Care: $30 copay

Selected Services Before Deductible*:
- Primary care
- Specialist care
- Urgent care
- Mental/behavioral health visits
- Generic and preferred drugs

Premium Range
Low: $375 (Rating Area 2)
High: $428 (Rating Area 7)

*Full list of services before deductible can be found in Appendix IV on page 34.
COORDINATED CARE

Plan Name: Ambetter Balanced Care 3 (2019) + Vision

Plan Type: HMO
Deductible: $3,000
OOPM: $6,750
Primary Care: $30 copay

Selected Services Before Deductible*:
- Primary care
- Specialist care
- Urgent care
- Mental/behavioral health visits
- Adult vision frames or lenses

Premium Range
Low: $380 (Rating Area 2)
High: $433 (Rating Area 7)

*Full list of services before deductible can be found in Appendix IV on page 34.

COORDINATED CARE

Plan Name: Ambetter Balanced Care 4 (2019)

Plan Type: HMO
Deductible: $7,050
OOPM: $7,050
Primary Care: $30 copay

Selected Services Before Deductible*:
- Primary care
- Specialist care
- Urgent care
- Mental/behavioral health visits
- Generic and preferred drugs

Premium Range
Low: $338 (Rating Area 2)
High: $385 (Rating Area 7)

*Full list of services before deductible can be found in Appendix IV on page 34.
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP WA Silver 3500/30

Plan Type: EPO
Deductible: $3,500
OOPM: $7,750
Primary Care: $30 copay
Selected Services Before Deductible*: 
- Primary care
- Specialist care
- Urgent care
- Mental/behavioral health visits
- Outpatient rehab visits

Premium Range
Low: $457 (Rating Area 3)
High: $479 (Rating Area 2)

Offered: 2 Counties: Clark, Cowlitz
Not Offered

*Full list of services before deductible can be found in Appendix IV on page 34.

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP WA Silver 2500/30

Plan Type: EPO
Deductible: $2,500
OOPM: $7,750
Primary Care: $30 copay
Selected Services Before Deductible*: 
- Primary care
- Specialist care
- Urgent care
- Mental/behavioral health visits
- Outpatient rehab visits

Premium Range
Low: $480 (Rating Area 3)
High: $502 (Rating Area 2)

Offered: 2 Counties: Clark, Cowlitz
Not Offered

*Full list of services before deductible can be found in Appendix IV on page 34.
SILVER PLANS

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Plan Name: Flex Silver - 19
Plan Type: HMO
Deductible: $2,000
OOPM: $7,900
Primary Care: 4 primary care visits at $20 copay; $20 copay after deductible
Selected Services Before Deductible*:
• Preferred generic drugs
• Pre- and Post-natal visits

Premium Range
Low: $439 (Rating Area 1)
High: $505 (Rating Areas 2, 6, 8, 9)

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Plan Name: VisitsPlus Silver HD - 19
Plan Type: HMO
Deductible: $7,150
OOPM: $7,150
Primary Care: $30 copay
Selected Services Before Deductible*:
• Primary care visits
• Specialty care visits
• Preferred generic drugs
• Preferred brand drugs
• Pre- and Post-natal visits

Premium Range
Low: $450 (Rating Area 1)
High: $517 (Rating Areas 6, 8, 9)

*Full list of services before deductible can be found in Appendix IV on page 34.
**SILVER PLANS**

**LIFEWISE**

Plan Name: LifeWise Essential Silver EPO 4000

- **Plan Type:** EPO
- **Deductible:** $4,000
- **OOPM:** $7,350
- **Primary Care:** $30 copay; 2 free primary care visits
- **Selected Services Before Deductible***:
  - 2 free primary care visits
  - Primary care
  - Specialist care
  - Urgent care
  - Mental/behavioral health visits

*Full list of services before deductible can be found in Appendix IV on page 34.

**LIFEWISE**

Plan Name: LifeWise Essential Silver EPO HSA 3000

- **Plan Type:** EPO
- **Deductible:** $3,000
- **OOPM:** $6,600
- **Primary Care:** 30% coinsurance after deductible
- **Services Before Deductible**:
  - Diabetes care management
  - Diabetes education
  - Nutritional counseling

12 Counties: Adams, Asotin, Clallam, Clark, Columbia, Garfield, Jefferson, Okanogan, Spokane, Thurston, Walla Walla, Whitman
**SILVER PLANS**

**MOLINA**

**Plan Name:** Molina Marketplace Choice Silver Plan

**Plan Type:** HMO

**Deductible:** $5,350 medical, $400 drug

**OOPM:** $7,900

**Primary Care:** $30 copay

**Selected Services Before Deductible***:

- Primary care
- Specialist care
- Urgent care
- Mental/behavioral health visit
- Habilitation services

**Premium Range**

Low: $387 (Rating Area 4)
High: $445 (Rating Areas 3, 5)

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

*Full list of services before deductible can be found in Appendix IV on page 34.

**PREMERA**

**Plan Name:** Premera Blue Cross Preferred Silver EPO 4500

**Plan Type:** EPO

**Deductible:** $4,500

**OOPM:** $7,350

**Primary Care:** $30 copay; 2 free primary care visits

**Selected Services Before Deductible***:

- 2 free primary care visits
- Primary care
- Specialist care
- Urgent care
- Mental/behavioral health visits

**Premium Range**

Low: $537 (Rating Area 6)
High: $600 (Rating Area 3)

11 Counties: Benton, Cowlitz, Franklin, Grant, Grays Harbor, Kitsap, Pacific, Skamania, Stevens, Wahkiakum, Whatcom

*Full list of services before deductible can be found in Appendix IV on page 34.
PREMERA

Plan Name: Premera Blue Cross PersonalCare Silver

Plan Type: EPO

Deductible: $4,500

OOPM: $7,350

Primary Care: $30 copay; 2 free primary care visits

Selected Services Before Deductible*:
• 2 free primary care visits
• Primary care
• Specialist care
• Urgent care
• Mental/behavioral health visits

Premium Range
Low: $520 (Rating Area 1)
High: $538 (Rating Area 8)

3 Counties: King, Pierce, Snohomish

*Full list of services before deductible can be found in Appendix IV on page 34.
BRONZE PLANS

BRIDGESPAN

Plan Name: Bronze HDHP 6000 Exchange EPO RealValue

Plan Type: EPO

Deductible: $6,000

OOPM: $6,750

Primary Care: 30% coinsurance after deductible

Services Before Deductible:
No services available prior to the deductible

Not Offered

1 Counties: Klickitat

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP Bronze 6500/50

Plan Type: EPO

Deductible: $6,500

OOPM: $7,750

Primary Care: $50 copay with deductible; 50% coinsurance after deductible

Services Before Deductible:
• 2 primary care visits are covered
• Pre- and post- natal visits

Not Offered

2 Counties: Clark, Cowlitz

Premium Range
Low: $319 (Rating Area 3)
High: $335 (Rating Area 2)

Monthly Premium
$331 (Rating Area 3)
**KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST**

**Plan Name:** KP WA Bronze 5700/30% HSA

**Plan Type:** EPO

**Deductible:** $5,700

**OOPM:** $6,550

**Primary Care:** $30 coinsurance after deductible

**Services Before Deductible:**
- 3 primary care visits at $50 copay
- Pre- and post-natal visits

**Premium Range**
- Low: $312 (Rating Area 3)
- High: $327 (Rating Area 2)

2 Counties: Clark; Cowlitz

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**KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST**

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

**Plan Type:** EPO

**Deductible:** $5,000

**OOPM:** $7,750

**Primary Care:** $50 copay with deductible; 40% coinsurance after deductible

**Services Before Deductible:**
- 3 primary care visits at $50 copay
- Pre- and post-natal visits

**Premium Range**
- Low: $330 (Rating Area 3)
- High: $347 (Rating Area 2)

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

Plan Name: **Flex Bronze - 19**

Plan Type: HMO

Deductible: $5,500

OOPM: $7,150

Primary Care: 3 primary care visits at $40 copay; and 20% coinsurance after deductible

**Selected Services Before Deductible***:

- Preferred generic drugs
- Pre-and post-natal visits

*Full list of services before deductible can be found in Appendix IV on page 34.

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Plan Name: **Core Bronze HSA - 19**

Plan Type: HMO

Deductible: $4,750

OOPM: $6,550

Primary Care: 20% coinsurance after deductible

**Services Before Deductible**:

- Pre- and post- natal visits
LIFEWISE

Plan Name: LifeWise Essential Bronze EPO 6350

Plan Type: EPO  
Deductible: $6,350  
OOPM: $7,850  

Primary Care: $50 copay; 2 free primary care visits

Selected Services Before Deductible*:
• 2 free primary care visits
• Primary care
• Urgent care
• Diabetes care management

*Full list of services before deductible can be found in Appendix IV on page 34.

PREMERA

Plan Name: Premera Blue Cross Preferred Bronze HSA EPO 5250

Plan Type: EPO  
Deductible: $5,250  
OOPM: $6,700  

Primary Care: 40% coinsurance after deductible

Services Before Deductible:
• Diabetes care management
• Diabetes education
• Nutritional counseling
PREMERA

Plan Name: Premera Blue Cross PersonalCare Bronze

Plan Type: EPO

Deductible: $6,350

OOPM: $7,850

Primary Care: $50 copay; 2 free primary care visits

Services Before Deductible:
• 2 free primary care visits
• Primary care
• Urgent care
• Diabetes care management

Premium Range
Low: $418 (Rating Area 1)
High: $433 (Rating Area 8)

3 Counties: King, Pierce, Snohomish

PREMERA

Plan Name: Premera Blue Cross PersonalCare Bronze HSA

Plan Type: EPO

Deductible: $5,250

OOPM: $6,700

Primary Care: 40% coinsurance after deductible

Services Before Deductible:
• Diabetes care management
• Diabetes education
• Nutritional counseling

Premium Range
Low: $457 (Rating Area 1)
High: $473 (Rating Area 8)

3 Counties: King, Pierce, Snohomish
PREMERA

Plan Name: Premera Blue Cross Preferred Bronze EPO 6350

Plan Type: EPO
Deductible: $6,350
OOPM: $7,850
Primary Care: $50 copay; 2 free primary care visits

Selected Services Before Deductible*:
• 2 free primary care visits
• Primary care
• Urgent care
• Diabetes care management

Premium Range
Low: $411 (Rating Area 6)
High: $459 (Rating Area 3)

11 Counties: Benton, Cowlitz, Franklin, Grant, Grays Harbor, Kitsap, Pacific, Skamania, Stevens, Wahkiakum, Whatcom

*Full list of services before deductible can be found in Appendix IV on page 34.
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP WA Catastrophic 7900/0

Plan Type: EPO

Deductible: $7,900

OOPM: $7,900

Primary Care: $0 copay with deductible; 3 no charge primary care visits before deductible

Services Before Deductible:
- 3 no charge primary care visits

Premium Range
Low: $319 (Rating Area 3)
High: $335 (Rating Area 2)

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Plan Name: Core Basic Plus Catastrophic - 19

Plan Type: HMO

Deductible: $7,900

OOPM: $7,900

Primary Care: No charge after deductible; 3 no charge primary care visits before deductible

Services Before Deductible:
- 3 no charge primary care visits
- Prenatal and postnatal care

Premium Range
Low: $258 (Rating Area 1)
High: $296 (Rating Areas 2, 6, 8, 9)
DELTA DENTAL

Plan Name: Delta Dental Individual & Family - Washington Family Plan (QDP)

Plan Type: Family
Coverage: High
Plan Type: PPO
Deductible: $85
Annual Benefit Limit: Unlimited
OOPM: $350/child; $700/2+ pediatric enrollees

Monthly Premium
Per Member:
$37.53

DELTA DENTAL

Plan Name: Delta Dental Individual - Washington Kids Plan

Plan Type: Child-Only
Coverage: High
Plan Type: PPO
Deductible: $85
Annual Benefit Limit: Unlimited
OOPM: $350/child; $700/2+ pediatric enrollees

Monthly Premium
Per Member:
$40.86

All 39 Counties
DENTAL PLANS

DENTEGRA DENTAL

Plan Name: Dentegra Dental PPO Family Basic Plan
Plan Type: Family
Coverage: Low
Plan Type: PPO
Deductible: $75 pediatric enrollee; $50 adult enrollee
Annual Benefit Limit: Unlimited for pediatric; $1,000 / adult
OOPM: $350/child; $700/2+ pediatric enrollees; N/A for adult

Monthly Premium
Premium- Child: $31.53
Premium- Adult: $26.43

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP WA Pediatric Dental 100
Plan Type: Child-Only
Coverage: High
Plan Type: PPO
Deductible: $50
Annual Benefit Limit: Unlimited
OOPM: $350/child; 700/2+ children

Monthly Premium
Per Member:
$25.89

Offered: [Map showing 12 counties: Clark, Cowlitz, King, Kitsap, Mason, Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, Whatcom]
Not Offered: [Map showing 2 counties: Clark, Cowlitz]
DENTAL PLANS

LIFEWISE

Plan Name: LifeWise Individual Pediatric Dental Plan

Plan Type: Child-Only
Coverage: High
Plan Type: PPO
Deductible: $65
Annual Benefit Limit: Unlimited
OOPM: $350/child; $700/2+ children

PREMERA

Plan Name: Premera Blue Cross Individual Pediatric Dental Plan

Plan Type: Child-Only
Coverage: Low
Plan Type: PPO
Deductible: $65
Annual Benefit Limit: Unlimited
OOPM: $350/child; $700/2+ children

12 Counties: Adams, Asotin, Clark, Clallam, Columbia, Garfield, Jefferson, Okanogan, Spokane, Thurston, Walla Walla, Whitman

14 Counties: Benton, Cowlitz, Franklin, Grant, Grays Harbor, King, Kitsap, Pacific, Pierce, Skamania, Snohomish, Stevens, Wahkiakum, Whatcom
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 (2019) with 3 Free PCP Visits
- Ambetter Balanced Care 1 (2019)
- Ambetter Balanced Care 1 (2019) + Vision
- Ambetter Balanced Care 2 (2019)
- Ambetter Balanced Care 2 (2019) + Vision
- Ambetter Balanced Care 3 (2019)
- Ambetter Balanced Care 3 (2019) + Vision
- Ambetter Balanced Care 4 (2019)

**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 Bronze 6500/50
- KP WA Bronze 5700/30% HSA
- KP WA Bronze 5000/50
- KP WA Catastrophic 7900/0

**Kaiser Foundation Health Plan of Washington**
- Flex Gold - 19
- Flex Silver - 19
- VisitsPlus Silver HD - 19
- Flex Bronze - 19
- Core Bronze HSA - 19
- Core Basic Plus Catastrophic - 19

**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

**INDIVIDUAL MARKET**

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

**Premera Blue Cross**
- Premera Blue Cross Preferred Gold EPO 1500
- Premera Blue Cross Preferred Gold EPO 1000
- Premera Blue Cross PersonalCare Gold
- Premera Blue Cross Preferred Silver EPO 4500
- Premera Blue Cross PersonalCare Silver
- Premera Blue Cross Preferred Bronze 5250 HSA
- Premera Blue Cross PersonalCare Bronze
- Premera Blue Cross PersonalCare Bronze HSA
- 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 Individual and Family - Washington Family (QDP)

**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
### Carriers by County

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Full list of plan services before deductible. This is a summary intended for certification only. Please see the carrier’s plan booklet for additional information on accessing plan benefits.

**GOLD PLANS**

**Gold Essential 1200 Exchange EPO RealValue**
4 primary care visits at $30 copay, generic drugs, diabetes education

**Ambetter Secure Care 1 (2019) with 3 Free PCP Visits**
3 free primary care visits; generic drugs

**KP WA Gold 0/20**
No deductible is applicable with this health plan

**KP WA Gold 1000/20**
Primary care, Specialist visit, urgent care, pre- and post-natal visits, diagnostic tests, mental/behavioral health visits, outpatient rehab visits, chiropractic care, acupuncture, generic and preferred brand drugs, diabetes care management, nutritional counseling, diabetes education

**Flex Gold - 19**
5 primary care visits at $15 copay; pre- and post-natal visits, generic and preferred brand drugs

**LifeWise Essential Gold EPO 1000**
2 free primary care visits, primary care, specialist visit, urgent care, mental/behavioral health visits, chiropractic care, acupuncture, nutrition counseling, diabetes care management

**Molina Marketplace Choice Gold**
Primary care, Specialist visit, urgent care, pre- and post-natal visits, mental/behavioral health visits,_generic drugs, preferred brand drugs, non-preferred brand drugs, and specialty drugs, outpatient rehab visits, habilitation services, chiropractic care, durable medical equipment, acupuncture, rehab speech and physical therapy, diagnostics, dialysis, diabetes education, treatment for TMJ, nutritional counseling, diabetes care management

**Premera Blue Cross PersonalCare Gold**
2 free primary care visits, primary care, specialist visit, urgent care, mental/behavioral health visits, generic drugs and preferred brand drugs, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management

**Premera Blue Cross Preferred Gold EPO 1500**
2 free primary care visits, primary care, specialist visit, urgent care, mental/behavioral health visits, generic drugs, preferred brand drugs, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management

**Premera Blue Cross Preferred Gold EPO 1000**
2 free primary care visits, primary care, specialist visit, routine adult eye exam, urgent care, mental/behavioral health visits, generic and preferred brand drugs, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management

**SILVER PLANS**

**Silver HDHP 3000 Exchange EPO RealValue**
No services available prior to deductible

**Ambetter Balanced Care 1 (2019)**
Primary care, Specialist visit, urgent care, pre- and post-natal visits, mental/behavioral health visits, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management, generic and preferred brand drugs
Ambetter Balanced Care 1 (2019) + Vision
Primary care, Specialist visit, urgent care, pre- and post-natal visits, mental/behavioral health visits, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management, generic and preferred brand drugs, adult vision frames or lenses

Ambetter Balanced Care 2 (2019)
Primary care, Specialist visit, urgent care, pre- and post-natal visits, mental/behavioral health visits, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management, generic and preferred brand drugs

Ambetter Balanced Care 2 (2019) + Vision
Primary care, Specialist visit, urgent care, pre- and post-natal visits, mental/behavioral health visits, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management, generic and preferred brand drugs, adult vision frames or lenses

Ambetter Balanced Care 3 (2019)
Primary care, Specialist visit, urgent care, pre- and post-natal visits, mental/behavioral health visits, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management, generic and preferred brand drugs

Ambetter Balanced Care 3 (2019) + Vision
Primary care, Specialist visit, urgent care, pre- and post-natal visits, mental/behavioral health visits, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management, generic and preferred brand drugs, adult vision frames or lenses

Ambetter Balanced Care 4 (2019)
Primary care, Specialist visit, urgent care, pre- and post-natal visits, mental/behavioral health visits, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management, generic and preferred brand drugs

KP WA Silver 3500/30
Primary care, Specialist visit, urgent care, pre- and post-natal visits, diagnostic tests, mental/behavioral health visits, outpatient rehab visits, chiropractic care, acupuncture, generic and preferred brand drugs, diabetes care management, nutritional counseling, diabetes education

KP WA Silver 2500/30
Primary care, Specialist visit, urgent care, pre- and post-natal visits, diagnostic tests, mental/behavioral health visits, outpatient rehab visits, chiropractic care, acupuncture, generic and preferred brand drugs, diabetes care management, nutritional counseling, diabetes education

Flex Silver - 19
4 primary care visits at $20 copay, pre- and post-natal visits, generic drugs

VisitsPlus Silver HD - 19
Primary care, specialist visit, adult eye exam, urgent care, pre- and post-natal visits, mental/behavioral health visits, outpatient rehab visits, habilitation services, chiropractic care, acupuncture, rehab speech and physical therapy, generic and preferred brand drugs, dialysis, chemotherapy, radiation, diabetes education, infusion therapy, treatment for TMJ, nutritional counseling, diabetes care management

LifeWise Essential Silver EPO 4000
2 free primary care visits, primary care, specialist visit, urgent care, mental/behavioral health visits, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management

LifeWise Essential Silver EPO HSA 3000
Diabetes education, nutritional counseling, diabetes care management
Molina Marketplace Choice Silver
Primary care, Specialist visit, urgent care, pre- and post-natal visits, mental/behavioral health visits, generic drugs, preferred brand drugs, outpatient rehab visits, habilitation services, chiropractic care, durable medical equipment, acupuncture, rehab speech and physical therapy, diagnostics, dialysis, diabetes education, treatment for TMJ, nutritional counseling, diabetes care management

Premera Blue Cross Preferred Silver EPO 4500
2 free primary care visits, primary care, specialist visit, urgent care, mental/behavioral health visits, generic drugs, preferred brand drugs, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management

Premera Blue Cross PersonalCare Silver
2 free primary care visits, primary care, specialist visit, urgent care, mental/behavioral health visits, generic drugs and preferred brand drugs, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management

BRONZE PLANS
Bronze HDHP 6000 Exchange EPO RealValue
No services available prior to the deductible

KP WA Bronze 5700/30% HSA
Pre-and post-natal visits

KP WA Bronze 6500/50
2 $50 primary care co-pays prior to deductible; pre-and post-natal visits

KP WA Bronze 5000/50
3 $50 primary care co-pays prior to deductible; pre-and post-natal visits

Flex Bronze - 19
3 $40 primary care co-pays prior to deductible; urgent care, adult routine eye exam, -and post-natal care, acupuncture, dialysis, chemotherapy, radiation, diabetes education, infusion, treatment for TMJ, nutritional counseling, diabetes care management, generic drugs

LifeWise Essential Bronze EPO 6350
2 visits prior to primary care cost sharing begins, primary care, urgent care, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management

Premera Blue Cross Preferred Bronze HSA EPO 5250
Diabetes education, nutritional counseling, diabetes care management

Premera Blue Cross PersonalCare Bronze
2 visits prior to primary care cost sharing begins, primary care, urgent care, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management

Premera Blue Cross PersonalCare Bronze H.S.A.
Diabetes education, nutritional counseling, diabetes care management

Premera Blue Cross Preferred Bronze EPO 6350
2 visits prior to primary care cost sharing begins, primary care, urgent care, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management