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# SUMMARY OF INDIVIDUAL MARKET

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<td>9 Issuers</td>
<td>29 New</td>
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<td>33 Renewals</td>
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<th>Gold</th>
<th>15 Plans</th>
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<tbody>
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<td>9 Issuers</td>
<td>6 New</td>
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<tbody>
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<td>15 Renewals</td>
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<td>9 Renewals</td>
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<tbody>
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<td>2 New</td>
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<tr>
<td>2 Renewals</td>
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## SUMMARY OF DENTAL MARKET

### Family Dental
- 3 Issuers
- 2 Low
- 2 Renewal

<table>
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<td>2 Low</td>
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<tr>
<td>2 Renewal</td>
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### Pediatric Dental
- 4 Issuers
- 4 Renewals

<table>
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<th>Type</th>
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<tbody>
<tr>
<td>4 Issuers</td>
<td>4</td>
</tr>
<tr>
<td>2 Renewals</td>
<td>0</td>
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</table>
1. All counties have individual health and dental plan coverage.

2. Majority of consumers will have lower priced plans available for 2020.

3. 96% of Exchange consumers will have the choice of two or more issuers.

4. All issuers are offering a Bronze plan.
NUMBER OF ISSUERS BY COUNTY

2020

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

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

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

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

Five Issuers:
Clark, King, Pierce, Spokane

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
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.
Gold Essential 1200 Exchange EPO RealValue

Plan Name: Gold Essential 1200 Exchange EPO RealValue

Plan Type: EPO

Deductible: $1,200

OOPM: $8,150

Primary Care Visit: 20% coinsurance after deductible; 4 visits* at $30 copay

Specialist Visit: 20% coinsurance after deductible

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: $10 copay

*4 copay visits can be primary care, specialist or urgent care

Gold Essential 1200 Exchange EPO PeaceHealth

Plan Name: Gold Essential 1200 Exchange EPO PeaceHealth

Plan Type: EPO

Deductible: $1,200

OOPM: $8,150

Primary Care Visit: 20% coinsurance after deductible; 4 visits* at $30 copay

Specialist Visit: 20% coinsurance after deductible

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: $10 copay

*4 copay visits can be primary care, specialist or urgent care
**Gold Essential 1200 Exchange EPO MultiCare Connected Care**

**Plan Name:** Gold Essential 1200 Exchange EPO MultiCare Connected Care

**Plan Type:** EPO

**Deductible:** $1,200

**OOPM:** $8,150

**Primary Care Visit:** 20% coinsurance after deductible; 4 visits* at $30 copay

**Specialist Visit:** 20% coinsurance after deductible

**Emergency Room Services:** 20% coinsurance after deductible

**Generic Drugs:** $10 copay

*4 copay visits can be primary care, specialist or urgent care

---

**Gold Essential 1200 Exchange EPO UW Medicine**

**Plan Name:** Gold Essential 1200 Exchange EPO UW Medicine

**Plan Type:** EPO

**Deductible:** $1,200

**OOPM:** $8,150

**Primary Care Visit:** 20% coinsurance after deductible; 4 visits* at $30 copay

**Specialist Visit:** 20% coinsurance after deductible

**Emergency Room Services:** 20% coinsurance after deductible

**Generic Drugs:** $10 copay

*4 copay visits can be primary care, specialist or urgent care
GOLD PLANS

COORDINATED CARE

Plan Name: Ambetter Secure Care 1 (2020) with 3 Free PCP Visits

Plan Type: HMO

Deductible: $1,000 medical, $500 drug

OOPM: $6,350

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

Specialist Visit: 20% coinsurance after deductible

Emergency Room Services: $250 copay after deductible

Generic Drugs: $10 copay

Premium Range
Low: $401 (Rating Area 4)
High: $462 (Rating Area 7)

Plan Name: Ambetter Secure Care 5 (2020)

Plan Type: HMO

Deductible: $1,250

OOPM: $5,900

Primary Care Visit: $15 copay

Specialist Visit: $35 copay

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: $15 copay

Premium Range
Low: $402 (Rating Area 4)
High: $462 (Rating Area 7)
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP WA Gold 0/20

Plan Type: EPO

Deductible: No deductible

OOPM: $7,500

Primary Care Visit: $20 copay

Specialist Visit: $40 copay

Emergency Room Services: $350 copay

Generic Drugs: $10 copay

Premium Range
Low: $527 (Rating Area 3)
High: $553 (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: $7,500

Primary Care Visit: $20 copay

Specialist Visit: $40 copay

Emergency Room Services: 30% coinsurance after deductible

Generic Drugs: $10 copay

Premium Range
Low: $493 (Rating Area 3)
High: $518 (Rating Area 2)

2 Counties: Clark, Cowlitz
**GOLD PLANS**

**KAISER FOUNDATION HEALTH PLAN OF WASHINGTON**

**Plan Name:** Flex Gold - 20

**Plan Type:** HMO

- **Deductible:** $1,150
- **OOPM:** $6,500
- **Primary Care Visit:** $15 copay after deductible; 5 primary care visits at $15 copay
- **Specialist Visit:** $40 copay after deductible
- **Emergency Room Services:** 20% coinsurance after deductible
- **Generic Drugs:** $10 copay

**Premium Range**
- Low: $456 (Rating Area 1)
- High: $524 (Rating Areas 2, 6, 8, 9)

**Locations:** 16 Counties: Benton, Columbia, Franklin, Island, King, Kittitas, Kitsap, Lewis, Mason, Pierce, Spokane, Skagit, Snohomish, Thurston, Whatcom, Walla Walla, Whitman, Yakima

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**LIFEWISE**

**Plan Name:** LifeWise Essential Gold

**Plan Type:** EPO

- **Deductible:** $1,000
- **OOPM:** $6,600
- **Primary Care Visit:** $30 copay
- **Specialist Visit:** $60 copay
- **Emergency Room Services:** $250 copay with deductible; 30% coinsurance after deductible
- **Generic Drugs:** $10 copay

**Premium Range**
- Low: $445 (Rating Area 1)
- High: $535 (Rating Area 3)

**Locations:** 33 Counties: Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Garfield, Grant, Island, Jefferson, King, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, Yakima
GOLD PLANS

MOLINA

Plan Name: Molina Choice Gold

Plan Type: HMO

Deductible: $2,925

OOPM: $6,000

Primary Care Visit: $10 copay

Specialist Visit: $50 copay

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: $10 copay

Premium Range
Low: $406 (Rating Area 4)
High: $466 (Rating Area 2, 3)

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

PACIFICSOURCE HEALTH PLANS

Plan Name: Navigator Gold 1500

Plan Type: PPO

Deductible: $1,500 medical; $0 drug

OOPM: $5,000

Primary Care Visit: $20 copay

Specialist Visit: $40 copay

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: $15 copay

Premium:
$495 (Rating Area 3, 4, 5)

3 Counties: Clark, Pierce, Spokane,
**PREMERA**

**Plan Name:** Premera Blue Cross Preferred Gold EPO 1500

**Plan Type:** EPO

**Deductible:** $1,500

**OOPM:** $6,800

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

**Specialist Visit:** $45 copay

**Emergency Room Services:** $250 copay with deductible; 30% coinsurance after deductible

**Generic Drugs:** $10 copay

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

**Premium Range**
- Low: $553 (Rating Area 6)
- High: $617 (Rating Area 3)

---

**PREMERA**

**Plan Name:** Premera Blue Cross Preferred Gold EPO 1000

**Plan Type:** EPO

**Deductible:** $1,000

**OOPM:** $6,000

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

**Specialist Visit:** $40 copay

**Emergency Room Services:** $250 copay with deductible; 30% coinsurance after deductible

**Generic Drugs:** $10 copay

1 County: Franklin

**Premium:**
- $584 (Rating Area 6)
Plan Name: Columbia 1500 Gold

Plan Type: EPO

Deductible: $1,500

OOPM: $6,000

Primary Care Visit: $45 copay

Specialist Visit: $65 copay

Emergency Room Services: $250 copay after deductible

Generic Drugs: $10 copay

Premium Range:
Low: $500 (Rating Area 3)
High: $547 (Rating Area 4)

6 Counties: Clark, Benton, Franklin, Spokane Thurston, Walla Walla
SILVER PLANS

BRIDGESSPAN

Plan Name: Silver HDHP 3500 Exchange EPO RealValue

Plan Type: EPO

Deductible: $3,500

OOPM: $6,900

Primary Care Visit: 20% coinsurance after the deductible

Specialist Visit: 20% coinsurance after the deductible

Emergency Room Services: 20% coinsurance after the deductible

Generic Drugs: 20% coinsurance after the deductible

Premium: $482 (Rating Area 3)

1 County: Klickitat

BRIDGESSPAN

Plan Name: Silver HDHP 3500 Exchange EPO PeaceHealth

Plan Type: EPO

Deductible: $3,500

OOPM: $6,900

Primary Care Visit: 20% coinsurance after the deductible

Specialist Visit: 20% coinsurance after the deductible

Emergency Room Services: 20% coinsurance after the deductible

Generic Drugs: 20% coinsurance after the deductible

Premium: $492 (Rating Area 3)

1 County: Clark
**BRIDGESPAN**

**Plan Name:** Silver HDHP 3500 Exchange EPO MultiCare Connected Care

**Plan Type:** EPO

**Deductible:** $3,500

**OOPM:** $6,900

**Primary Care Visit:** 20% coinsurance after the deductible

**Specialist Visit:** 20% coinsurance after the deductible

**Emergency Room Services:** 20% coinsurance after the deductible

**Generic Drugs:** 20% coinsurance after the deductible

Premium: $441 (Rating Area 5)

1 County: Pierce

---

**BRIDGESPAN**

**Plan Name:** Silver HDHP 3500 Exchange EPO UW Medicine

**Plan Type:** EPO

**Deductible:** $3,500

**OOPM:** $6,900

**Primary Care Visit:** 20% coinsurance after the deductible

**Specialist Visit:** 20% coinsurance after the deductible

**Emergency Room Services:** 20% coinsurance after the deductible

**Generic Drugs:** 20% coinsurance after the deductible

Premium: $439 (Rating Area 1)

1 County: King
SILVER PLANS

COORDINATED CARE

Plan Name: Ambetter Balanced Care 1 (2020)

Plan Type: HMO
Deductible: $5,650
OOPM: $6,950
Primary Care Visit: $30 copay
Specialist Visit: $60 copay
Emergency Room Services: 20% coinsurance after deductible
Generic Drugs: $10 copay

Premium Range
Low: $350 (Rating Area 4)
High: $402 (Rating Area 7)

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

COORDINATED CARE

Plan Name: Ambetter Balanced Care 1 (2020) + Vision

Plan Type: HMO
Deductible: $5,650
OOPM: $6,950
Primary Care Visit: $30 copay
Specialist Visit: $60 copay
Emergency Room Services: 20% coinsurance after deductible
Generic Drugs: $10 copay

Premium Range
Low: $354 (Rating Area 4)
High: $407 (Rating Area 7)

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

COORDINATED CARE

Plan Name: Ambetter Balanced Care 2 (2020)

Plan Type: HMO

Deductible: $6,500

OOPM: $6,500

Primary Care Visit: $30 copay

Specialist Visit: $60 copay

Emergency Room Services: No charge after deductible

Generic Drugs: $15 copay

Premium Range
Low: $352 (Rating Area 4)
High: $405 (Rating Area 7)

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

COORDINATED CARE

Plan Name: Ambetter Balanced Care 2 (2020) + Vision

Plan Type: HMO

Deductible: $6,500

OOPM: $6,500

Primary Care Visit: $30 copay

Specialist Visit: $60 copay

Emergency Room Services: No charge after deductible

Generic Drugs: $15 copay

Premium Range
Low: $356 (Rating Area 4)
High: $410 (Rating Area 7)

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

Plan Name: Ambetter Balanced Care 3 (2020)

Plan Type: HMO
Deductible: $3,350
OOPM: $7,450
Primary Care Visit: $30 copay
Specialist Visit: $60 copay
Emergency Room Services: $600 copay with deductible
Generic Drugs: $25 copay

Plan Name: Ambetter Balanced Care 3 (2020) + Vision

Plan Type: HMO
Deductible: $3,350
OOPM: $7,450
Primary Care Visit: $30 copay
Specialist Visit: $60 copay
Emergency Room Services: $600 copay with deductible
Generic Drugs: $25 copay
SILVER PLANS

COORDINATED CARE

Plan Name: Ambetter Balanced Care 4 (2020)

Plan Type: HMO
Deductible: $7,050
OOPM: $7,050
Primary Care Visit: $30 copay
Specialist Visit: $60 copay
Emergency Room Services: No charge after deductible
Generic Drugs: $15 copay

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP WA Silver 3500/35

Plan Type: EPO
Deductible: $3,500
OOPM: $8,150
Primary Care Visit: $35 copay
Specialist Visit: $65 copay
Emergency Room Services: 30% coinsurance after deductible
Generic Drugs: $25 copay
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP WA Silver 2500/35

Plan Type: EPO

Deductible: $2,500

OOPM: $8,150

Primary Care Visit: $35 copay

Specialist Visit: $65 copay

Emergency Room Services: 30% coinsurance after deductible

Generic Drugs: $25 copay

Premium Range
Low: $501 (Rating Area 3)
High: $526 (Rating Area 2)

2 Counties: Clark, Cowlitz

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Plan Name: Flex Silver - 20

Plan Type: HMO

Deductible: $2,000

OOPM: $7,900

Primary Care Visit: 4 primary care visits at $20 copay; $20 copay after deductible

Specialist Visit: $45 copay after deductible

Emergency Room Services: 30% coinsurance after deductible

Generic Drugs: $10 copay

Premium Range
Low: $398 (Rating Area 1)
High: $457 (Rating Areas 2, 6, 8, 9)

18 Counties: Benton, Columbia, Franklin, Island, King, Kittitas, Kitsap, Lewis, Mason, Pierce, Spokane, Skagit, Snohomish, Thurston, Whatcom, Walla Walla, Whitman, Yakima
KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Plan Name: VisitsPlus Silver HD - 20

Plan Type: HMO

Deductible: $7,150

OOPM: $7,150

Primary Care Visit: $30 copay

Specialist Visit: $55 copay

Emergency Room Services: No charge after deductible

Generic Drugs: $12 copay

LIFEWISE

Plan Name: LifeWise Essential Silver High Deductible

Plan Type: EPO

Deductible: $4,000

OOPM: $7,500

Primary Care Visit: $30 copay

Specialist Visit: $60 copay

Emergency Room Services: $250 copay with deductible; 30% coinsurance after deductible

Generic Drugs: $10 copay
**LIFEWISE**

**Plan Name:** LifeWise Essential Silver Low Deductible

**Plan Type:** EPO

**Deductible:** $2,500

**OOPM:** $8,150

**Primary Care Visit:** $30 copay

**Specialist Visit:** $60 copay

**Emergency Room Services:** $250 copay with deductible; 30% coinsurance after deductible

**Generic Drugs:** $20 copay

**Premium Range**
- Low: $414 (Rating Area 1)
- High: $498 (Rating Area 3)

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

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**MOLINA**

**Plan Name:** Molina Choice Silver

**Plan Type:** HMO

**Deductible:** $6,000 medical, $1,500 drug

**OOPM:** $8,150

**Primary Care Visit:** $25 copay

**Specialist Visit:** $75 copay

**Emergency Room Services:** 40% coinsurance after deductible

**Generic Drugs:** $15 copay

**Premium Range**
- Low: $366 (Rating Area 4)
- High: $420 (Rating Areas 2, 3)

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

PACIFICSOURCE HEALTH PLANS

Plan Name: Navigator Silver 5000

Plan Type: PPO
Deductible: $5,000
OOPM: $8,150
Primary Care Visit: $35 copay
Specialist Visit: $70 copay
Emergency Room Services: 30% coinsurance after deductible
Generic Drugs: 30% coinsurance after deductible

PREMERA

Plan Name: Premera Blue Cross Preferred Silver EPO 4500

Plan Type: EPO
Deductible: $4,500
OOPM: $7,350
Primary Care Visit: $30 copay; 2 free primary care visits
Specialist Visit: $60 copay
Emergency Room Services: $250 copay with deductible; 30% coinsurance after deductible
Generic Drugs: $30 copay

Premium: $425 (Rating Area 3, 4, 5)

3 Counties: Clark, Pierce, Spokane

Premium Range
Low: $484 (Rating Area 6)
High: $541 (Rating Area 3)

7 Counties: Franklin, Grays Harbor, King, Kitsap, Pacific, Skamania, Wahkiakum
Plan Name: Columbia 4500 Silver

Plan Type: EPO

Deductible: $4,500

OOPM: $8,150

Primary Care Visit: $60 copay

Specialist Visit: $80 copay

Emergency Room Services: $250 copay after deductible

Generic Drugs: $20 copay
BRIDGESPAN

Plan Name: Bronze HDHP 6000 Exchange EPO RealValue

Plan Type: EPO

Deductible: $6,000

OOPM: $6,900

Primary Care Visit: 50% coinsurance after deductible

Specialist Visit: 50% coinsurance after deductible

Emergency Room Services: 50% coinsurance after deductible

Generic Drugs: 30% coinsurance after deductible

Premium: $342 (Rating Area 3)

1 County: Klickitat

BRIDGESPAN

Plan Name: Bronze HDHP 6000 Exchange EPO PeaceHealth

Plan Type: EPO

Deductible: $6,000

OOPM: $6,900

Primary Care Visit: 50% coinsurance after deductible

Specialist Visit: 50% coinsurance after deductible

Emergency Room Services: 50% coinsurance after deductible

Generic Drugs: 30% coinsurance after deductible

Premium: $348 (Rating Area 3)

1 County: Clark
BRONZE PLANS

BRIDGESPAN

Plan Name: Bronze HDHP 6000 Exchange EPO MultiCare Connected Care

Plan Type: EPO

Deductible: $6,000

OOPM: $6,900

Primary Care Visit: 50% coinsurance after deductible

Specialist Visit: 50% coinsurance after deductible

Emergency Room Services: 50% coinsurance after deductible

Generic Drugs: 30% coinsurance after deductible

Premium: $313 (Rating Area 5)

1 County: Pierce

BRIDGESPAN

Plan Name: Bronze HDHP 6000 Exchange EPO UW Medicine

Plan Type: EPO

Deductible: $6,000

OOPM: $6,900

Primary Care Visit: 50% coinsurance after deductible

Specialist Visit: 50% coinsurance after deductible

Emergency Room Services: 50% coinsurance after deductible

Generic Drugs: 30% coinsurance after deductible

Premium: $311 (Rating Area 1)

1 County: King
BRONZE PLANS

BRIDGESPAN

Plan Name: Bronze Essential 7500 Exchange EPO RealValue

Plan Type: EPO

Deductible: $7,500

OOPM: $8,150

Primary Care Visit: 10% coinsurance after deductible; 3 visits* at $60 copay

Specialist Visit: 10% coinsurance after deductible

Emergency Room Services: 10% coinsurance after deductible

Generic Drugs: $15 copay

*3 copay visits can be primary care, specialist or urgent care

Premium: $333 (Rating Area 3)

1 County: Klickitat

BRIDGESPAN

Plan Name: Bronze Essential 7500 Exchange EPO PeaceHealth

Plan Type: EPO

Deductible: $7,500

OOPM: $8,150

Primary Care Visit: 10% coinsurance after deductible; 3 visits* at $60 copay

Specialist Visit: 10% coinsurance after deductible

Emergency Room Services: 10% coinsurance after deductible

Generic Drugs: $15 copay

*3 copay visits can be primary care, specialist or urgent care

Premium: $340 (Rating Area 3)

1 County: Clark
**BRONZE PLANS**

**BRIDGESPAN**

**Plan Name:** Bronze Essential 7500 Exchange EPO MultiCare Connected Care

**Plan Type:** EPO

**Deductible:** $7,500

**OOPM:** $8,150

**Primary Care Visit:** 10% coinsurance after deductible; 3 visits* at $60 copay

**Specialist Visit:** 10% coinsurance after deductible

**Emergency Room Services:** 10% coinsurance after deductible

**Generic Drugs:** $15 copay

*3 copay visits can be primary care, specialist or urgent care

**Premium:**

$305 (Rating Area 5)

**County:** Pierce

---

**BRIDGESPAN**

**Plan Name:** Bronze Essential 7500 Exchange EPO UW Medicine

**Plan Type:** EPO

**Deductible:** $7,500

**OOPM:** $8,150

**Primary Care Visit:** 10% coinsurance after deductible; 3 visits* at $60 copay

**Specialist Visit:** 10% coinsurance after deductible

**Emergency Room Services:** 10% coinsurance after deductible

**Generic Drugs:** $15 copay

*3 copay visits can be primary care, specialist or urgent care

**Premium:**

$303 (Rating Area 1)

**County:** King
BRIDGESPAN

Plan Name: Bronze Care on Demand 8000 Exchange EPO RealValue

Plan Type: EPO
Deductible: $8,000
OOPM: $8,150
Primary Care Visit: 20% coinsurance after deductible
Specialist Visit: 20% coinsurance after deductible
Emergency Room Services: 20% coinsurance after deductible
Generic Drugs: $15 copay

Premium: $319 (Rating Area 3)

1 County: Klickitat

BRIDGESPAN

Plan Name: Bronze Care on Demand 8000 Exchange EPO PeaceHealth

Plan Type: EPO
Deductible: $8,000
OOPM: $8,150
Primary Care Visit: 20% coinsurance after deductible
Specialist Visit: 20% coinsurance after deductible
Emergency Room Services: 20% coinsurance after deductible
Generic Drugs: $15 copay

Premium: $325 (Rating Area 3)

1 County: Clark
BRONZE PLANS

BRIDGESPAN

Plan Name: Bronze Care on Demand 8000 Exchange EPO MultiCare Connected Care

Plan Type: EPO

Deductible: $8,000

OOPM: $8,150

Primary Care Visit: 20% coinsurance after deductible

Specialist Visit: 20% coinsurance after deductible

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: $15 copay

Premium: $291 (Rating Area 5)

1 County: Pierce

BRIDGESPAN

Plan Name: Bronze Care on Demand 8000 Exchange EPO UW Medicine

Plan Type: EPO

Deductible: $8,000

OOPM: $8,150

Primary Care Visit: 20% coinsurance after deductible

Specialist Visit: 20% coinsurance after deductible

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: $15 copay

Premium: $290 (Rating Area 1)

1 County: King
**BRONZE PLANS**

**COORDINATED CARE**

Plan Name: Ambetter Essential Care 2 (2020)

**Plan Type:** HMO

**Deductible:** $6,750

**OOPM:** $6,750

**Primary Care Visit:** No charge after deductible

**Specialist Visit:** No charge after deductible

**Emergency Room Services:** No charge after deductible

**Generic Drugs:** No charge after deductible

Premium Range
Low: $300 (Rating Area 1)
High: $303 (Rating Area 5)

3 Counties: King, Pierce, Thurston

**KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST**

Plan Name: KP WA Bronze 6000/30% H.S.A.

**Plan Type:** EPO

**Deductible:** $6,000

**OOPM:** $6,900

**Primary Care Visit:** 30% coinsurance after deductible

**Specialist Visit:** 30% coinsurance after deductible

**Emergency Room Services:** 30% coinsurance after deductible

**Generic Drugs:** $20 copay after deductible

Premium Range
Low: $324 (Rating Area 3)
High: $341 (Rating Area 2)

2 Counties: Clark; Cowlitz
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP Bronze 6500/50

Plan Type: EPO

Deductible: $5,000

OOPM: $8,150

Primary Care Visit: $50 copay

Specialist Visit: 50% coinsurance after deductible

Emergency Room Services: 50% coinsurance after deductible

Generic Drugs: 50% coinsurance after deductible

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

2 Counties: Clark; Cowlitz

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP WA Bronze 5000/50

Plan Type: EPO

Deductible: $5,000

OOPM: $8,150

Primary Care Visit: $50 copay

Specialist Visit: 35% coinsurance after deductible

Emergency Room Services: 35% coinsurance after deductible

Generic Drugs: $30 copay after deductible

Premium Range
Low: $354 (Rating Area 3)
High: $372 (Rating Area 2)

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

**Plan Name:** Core Bronze HSA – 20

- **Type:** HMO
- **Deductible:** $5,000
- **OOPM:** $6,750
- **Primary Care Visit:** 20% coinsurance after deductible
- **Specialist Visit:** 20% coinsurance after deductible
- **Emergency Room Services:** 20% coinsurance after deductible
- **Generic Drugs:** 20% coinsurance after deductible

**Premium Range**
- Low: $305 (Rating Area 1)
- High: $350 (Rating Areas 2, 6, 8, 9)

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

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**KAISER FOUNDATION HEALTH PLAN OF WASHINGTON**

**Plan Name:** Flex Bronze - 20

- **Type:** HMO
- **Deductible:** $5,500
- **OOPM:** $7,150
- **Primary Care:** 3 primary care visits at $40 copay; 20% coinsurance after deductible
- **Specialist Visit:** 20% coinsurance after deductible
- **Emergency Room Services:** 20% coinsurance after deductible
- **Generic Drugs:** $25 copay

**Premium Range**
- Low: $310 (Rating Area 1)
- High: $357 (Rating Areas 2, 6, 8, 9)

18 Counties: Benton, Columbia, Franklin, Island, King, Kittitas, Kitsap, Lewis, Mason, Pierce, Spokane, Skagit, Snohomish, Thurston, Whatcom, Walla Walla, Whitman, Yakima
LIFEWISE

Plan Name: LifeWise Essential Bronze

Plan Type: EPO
Deductible: $6,350
OOPM: $8,150
Primary Care Visit: $30 copay
Specialist Visit: 30% coinsurance after deductible
Emergency Room Services: $250 copay with deductible; 30% coinsurance after deductible
Generic Drugs: $20 copay

Premium Range
Low: $307 (Rating Area 1)
High: $369 (Rating Areas 3)


LIFEWISE

Plan Name: LifeWise Essential Bronze HSA

Plan Type: EPO
Deductible: $5,000
OOPM: $6,600
Primary Care Visit: 30% coinsurance after deductible
Specialist Visit: 30% coinsurance after deductible
Emergency Room Services: 30% coinsurance after deductible
Generic Drugs: 30% coinsurance after deductible

Premium Range
Low: $311 (Rating Area 1)
High: $373 (Rating Areas 3)

33 Counties: Adams, Asotin, Benton, Chelan, Cowlitz, Clark, Columbia, Cowichan, 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, Whilman, Yakima
MOLINA

Plan Name: Core Care Bronze 1

Plan Type: HMO

Deductible: $6,800

OOPM: $8,150

Primary Care Visit: $35 copay

Specialist Visit: $85 copay after deductible

Emergency Room Services: 40% coinsurance after deductible

Generic Drugs: $32 copay

Premium Range
Low: $285 (Rating Area 4)
High: $327 (Rating Area 2,3)

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

PACIFICSOURCE HEALTH PLANS

Plan Name: Navigator Bronze HSA 6750

Plan Type: PPO

Deductible: $6,750

OOPM: $6,750

Primary Care Visit: No charge after deductible

Specialist Visit: No charge after deductible

Emergency Room Services: No charge after deductible

Generic Drugs: No charge after deductible

Premium:
$322 (Rating Area 3, 4, 5)

3 Counties: Clark, Pierce, Spokane
### PACIFICSOURCE HEALTH PLANS

**Plan Name:** Navigator Bronze 7000

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>Plan Type:</strong></td>
<td>PPO</td>
</tr>
<tr>
<td><strong>Deductible:</strong></td>
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<td><strong>OOPM:</strong></td>
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<td><strong>Primary Care Visit:</strong></td>
<td>$35 copay</td>
</tr>
<tr>
<td><strong>Specialist Visit:</strong></td>
<td>40% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Emergency Room Services:</strong></td>
<td>40% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Generic Drugs:</strong></td>
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</tr>
<tr>
<td><strong>Premium:</strong></td>
<td>$330 (Rating Area 3, 4, 5)</td>
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</tbody>
</table>

**Plan Name:** Navigator Bronze 7000

**Plan Type:** PPO

**Deductible:** $7,000

**OOPM:** $8,150

**Primary Care Visit:** $35 copay

**Specialist Visit:** 40% coinsurance after deductible

**Emergency Room Services:** 40% coinsurance after deductible

**Generic Drugs:** 40% coinsurance after deductible

**Premium:** $330 (Rating Area 3, 4, 5)

### PREMERA

**Plan Name:** Premera Blue Cross Preferred Bronze HSA EPO 5250

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<th>Item</th>
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<tbody>
<tr>
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<td><strong>OOPM:</strong></td>
<td>$6,700</td>
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<tr>
<td><strong>Primary Care Visit:</strong></td>
<td>40% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Specialist Visit:</strong></td>
<td>40% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Emergency Room Services:</strong></td>
<td>40% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Generic Drugs:</strong></td>
<td>40% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Premium Range</strong></td>
<td>Low: $382 (Rating Area 6)</td>
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<tr>
<td></td>
<td>High: $427 (Rating Areas 3)</td>
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</tbody>
</table>

**Plan Name:** Premera Blue Cross Preferred Bronze HSA EPO 5250

**Plan Type:** EPO

**Deductible:** $5,250

**OOPM:** $6,700

**Primary Care Visit:** 40% coinsurance after deductible

**Specialist Visit:** 40% coinsurance after deductible

**Emergency Room Services:** 40% coinsurance after deductible

**Generic Drugs:** 40% coinsurance after deductible

**Premium Range**

- Low: $382 (Rating Area 6)
- High: $427 (Rating Areas 3)
**BRONZE PLANS**

**PREMERA**

Plan Name:  Premera Blue Cross Preferred Bronze EPO 6350

Plan Type: EPO  
Deductible: $6,350  
OOPM: $7,850  
Primary Care Visit: $50 copay; 2 free primary care visits  
Specialist Visit: 40% coinsurance after deductible  
Emergency Room Services: $250 copay with deductible; 40% coinsurance after deductible  
Generic Drugs: 40% coinsurance after deductible

**PROVIDENCE**

Plan Name: Columbia 8150 Bronze

Plan Type: EPO  
Deductible: $8,150  
OOPM: $8,150  
Primary Care Visit: $70 copay  
Specialist Visit: $100 copay  
Emergency Room Services: No charge after deductible  
Generic Drugs: $35 copay
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP WA Catastrophic 8150/0

Plan Type: EPO

Deductible: $8,150

OOPM: $8,150

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

Specialist Visit: No charge after deductible

Emergency Room Services: No charge after deductible

Generic Drugs: No charge after deductible

Premium Range
Low: $334 (Rating Area 3)
High: $351 (Rating Area 2)

2 Counties: Clark, Cowlitz

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Plan Name: Core Basic Plus Catastrophic - 20

Plan Type: HMO

Deductible: $8,150

OOPM: $8,150

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

Specialist Visit: No charge after deductible

Emergency Room Services: No charge after deductible

Generic Drugs: No charge after deductible

Premium Range
Low: $249 (Rating Area 1)
High: $286 (Rating Area 2, 6, 8, 9)

18 Counties: Benton, Columbia, Franklin, Island, King, Kittitas, Kitsap, Lewis, Mason, Pierce, Spokane, Skagit, Snohomish, Thurston, Whatcom, Walla Walla, Whitman, Yakima
CATASTROPHIC HEALTH PLANS

LIFEWISE

Plan Name: LifeWise Essential Catastrophic

Plan Type: EPO

Deductible: $8,150

OOPM: $8,150

Primary Care Visit: No charge after deductible; 3 visits at $30 copay

Specialist Visit: No charge after deductible

Emergency Room Services: No charge after deductible

Generic Drugs: No charge after deductible

Premium Range
Low: $257 (Rating Area 1)
High: $309 (Rating Area 3)

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

PACIFICSOURCE HEALTH PLANS

Plan Name: Navigator Catastrophic

Plan Type: HMO

Deductible: $8,150

OOPM: $8,150

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

Specialist Visit: No charge after deductible

Emergency Room Services: No charge after deductible

Generic Drugs: No charge after deductible

Premium:
$220 (Rating Area 3, 4, 5)

3 Counties: Clark, Pierce, Spokane
FAMILY DENTAL PLANS

DELTA DENTAL

Plan Name: Delta Dental Individual AND Family – Washington Family Plan (QDP)

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

DENTEGRA DENTAL

Plan Name: Dentegra Dental PPO Family Basic Plan

Coverage: Low

Plan Type: PPO

Deductible: $75/ child; $50/ adult

Annual Benefit Limit: Unlimited for child; $1,000/ adult

OOPM: $350/child; 700/2+ children; N/A for adult

Dental Cleaning: No charge

Filling (Amalgam): 50% coinsurance after deductible/adult

X-rays: No Charge
Plan Name: LifeWise Family Dental Plan

Coverage: Low

Plan Type: EPO

Deductible: $65/child; $0/adult

Annual Benefit Limit: Unlimited

OOPM: $350/child; 700/2+ children

Dental Cleaning: No charge/adult; 10% coinsurance after deductible/child

Filling (Amalgam): 40% coinsurance after deductible/adult; 20% coinsurance after deductible/child

X-rays: 10% coinsurance after deductible; no charge for adult

Monthly Premium
Prem-child: $28.77
Prem-adult: $35.66

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

Plan Name: Delta Dental Individual – Washington Kids Plan

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

Kaiser Foundation of the Northwest

Plan Name: KP WA Pediatric Dental 100

Coverage: High
Plan Type: EPO
Deductible: $50
Annual Benefit Limit: Unlimited
OOPM: $350/child; 700/2+ children
Dental Cleaning: No charge
Filling (Amalgam): 20% coinsurance after deductible
X-rays: No Charge
LIFEWISE

Plan Name: LifeWise Individual Pediatric Dental Plan

Coverage: Low
Plan Type: PPO
Deductible: $65
Annual Benefit Limit: Unlimited
OOPM: $350/child; $700/2+ children
Dental Cleaning: 10% coinsurance after deductible
Filling (Amalgam): 20% coinsurance after deductible
X-rays: 10% coinsurance after deductible

Monthly Premium
Premium-child: $28.35

PREMERA

Plan Name: Premera Blue Cross Individual Pediatric Dental Plan

Coverage: Low
Plan Type: PPO
Deductible: $65
Annual Benefit Limit: Unlimited
OOPM: $350/child; $700/2+ children
Dental Cleaning: 10% coinsurance after deductible
Filling (Amalgam): 20% coinsurance after deductible
X-rays: 10% coinsurance after deductible

Monthly Premium
Premium-Child
$28.35
All plans listed have met the 19 certification criteria.

**INDIVIDUAL MARKET**

**BridgeSpan**
- Gold Essential 1200 Exchange EPO RealValue
- Gold Essential 1200 Exchange EPO MultiCare Connected Care
- Gold Essential 1200 Exchange EPO UW Medicine
- Silver HDHP 3500 Exchange EPO RealValue
- Silver HDHP 3500 Exchange EPO PeaceHealth
- Silver HDHP 3500 Exchange EPO MultiCare Connected Care
- Silver HDHP 3500 Exchange EPO UW Medicine
- Bronze HDHP 6000 Exchange EPO RealValue
- Bronze HDHP 6000 Exchange EPO MultiCare Connected Care
- Bronze HDHP 6000 Exchange EPO UW Medicine
- Bronze Essential 7500 Exchange EPO RealValue
- Bronze Essential 7500 Exchange EPO MultiCare Connected Care
- Bronze Essential 7500 Exchange EPO UW Medicine
- Bronze Care on Demand 8000 Exchange EPO RealValue
- Bronze Care on Demand 8000 Exchange EPO MultiCare Connected Care
- Bronze Care on Demand 8000 Exchange EPO UW Medicine
- Coordinated Care
  - Ambetter Secure Care 1 (2020) with 3 Free PCP Visits
  - Ambetter Secure Care 5 (2020)
  - Ambetter Balanced Care 1 (2020)
  - Ambetter Essential Care 2 (2020)
- Kaiser Foundation Health Plan of the Northwest
  - KP WA Gold 0/20
  - KP WA Gold 1000/20
  - KP WA Silver 3500/35 KP
  - WA Silver 2500/35 KP
  - Bronze 6500/50
  - KP WA Bronze 6000/30% HSA
  - KP WA Bronze 5000/50
  - KP WA Catastrophic 8150/0

**Kaiser Foundation Health Plan of Washington**
- Flex Gold - 20 Flex
- Silver - 20
- VisitsPlus Silver HD - 20 Flex
- Bronze - 20
- Core Bronze HSA - 20
- Core Basic Plus Catastrophic - 20

**INDIVIDUAL MARKET**

**LifeWise Health Plan of Washington**
- LifeWise Essential Gold
- LifeWise Essential Silver High Deductible
- LifeWise Essential Silver Low Deductible
- LifeWise Essential Bronze
- LifeWise Essential Bronze HSA
- LifeWise Essential Catastrophic

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

**PacificSource Health Plans**
- Navigator Gold 1500
- Navigator Silver 5000
- Navigator Bronze HSA 6750
- Navigator Bronze 7000
- Navigator Catastrophic

**Premera Blue Cross**
- Premera Blue Cross Preferred Gold EPO 1500
- Premera Blue Cross Preferred Gold EPO 1000
- Premera Blue Cross Preferred Silver EPO 4500
- Premera Blue Cross Preferred Bronze HSA EPO 5250
- Premera Blue Cross Preferred Bronze EPO 6350

**Providence**
- Columbia 1500 Gold
- Columbia 4500 Silver
- Columbia 8150 Bronze
APPENDIX II

All plans listed have met the 10 certification criteria.

**DENTAL**

**Delta**
Delta Dental Individual - Washington Kids Plan
Delta Dental Individual and Family - Washington Family Plan (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
LifeWise Family Dental Plan

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