2021 Qualified Health Plan and Qualified Dental Plan Certification Requests

September 2020
# TABLE OF CONTENTS

Summary of Exchange Individual Market .................................. 3
Summary of Exchange Dental Market ..................................... 4
Number of Issuers by County .............................................. 5
Rating Areas and Rate Information ...................................... 6
BridgeSpan Health Company .............................................. 7
Community Health Network of Washington ......................... 16
Coordinated Care Corporation ........................................... 18
Kaiser Foundation Health Plan of the Northwest .................... 29
Kaiser Foundation Health Plan of Washington ....................... 34
LifeWise Health Plan of Washington .................................. 40
Molina Healthcare of Washington, Inc ................................ 46
PacificSource Health Plan ............................................... 49
Premera Blue Cross ...................................................... 53
Providence Health Plan .................................................. 57
Regence BlueCross BlueShield of Oregon .............................. 59
Regence BlueShield ...................................................... 63
United Healthcare of Oregon, Inc ....................................... 67
Dental Plans ...................................................................... 69
Appendix I ......................................................................... 73
Appendix II ....................................................................... 75
## SUMMARY OF EXCHANGE INDIVIDUAL MARKET

### MARKET OVERVIEW

- **Gold**
  - 13 Issuers
  - 29 Plans
  - 19 New
  - 10 Renewals

- **Silver**
  - 13 Issuers
  - 35 Plans
  - 26 New
  - 9 Renewals

- **Bronze**
  - 13 Issuers
  - 49 Plans
  - 32 New
  - 17 Renewals

- **Catastrophic**
  - 2 Issuers
  - 2 Plans
  - 0 New
  - 2 Renewals

- **Cascade Care**
  - **Cascade Plans (Standard Plans)**
    - 13 Issuers
    - 51 Plans
  - **Cascade Select (Public Option Plans)**
    - 5 Issuers
    - 15 Plans
## SUMMARY OF EXCHANGE DENTAL MARKET

**Family Dental**
- **Issuer**: 3
  - **Low Rate**: 2
  - **Renewals**: 3
- **Individual QDPs**: 3
  - **High Rate**: 1
  - **New**: 0

**Pediatric Dental**
- **Issuer**: 4
  - **Low Rate**: 2
  - **Renewals**: 4
- **Individual QDPs**: 4
  - **High Rate**: 2
  - **New**: 0
NUMBER OF ISSUERS BY COUNTY

2021

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

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

Four Issuers:
Columbia, Jefferson, Klickitat, Lewis, Lincoln, Skagit, Whitman

Five Issuers:
Benton, Franklin, Walla Walla

Six Issuers:
Kittitas, Mason, Snohomish

Seven Issuers:
Clark, Kitsap, Yakima

Eight Issuers:
King, Spokane, Thurston

Nine Issuers:
Pierce

2020

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

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

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

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

Five Issuers:
Thurston

Six Issuers:
Clark, King, Pierce, Spokane
RATING AREAS AND RATE INFORMATION

Area 1
One County: King

Area 2
Eight Counties: Cowlitz, Clallam, Grays Harbor, Jefferson, Lewis, Kitsap, Pacific, Wahkiakum

Area 3
Three Counties: Clark, Klickitat, Skamania

Area 4
Five Counties: Ferry, Lincoln, Pend Oreille, Spokane, Stevens

Area 5
Three Counties: Mason, Pierce, Thurston

Area 6
Four Counties: Benton, Franklin, Kittitas, Yakima

Area 7
Five Counties: Adams, Chelan, Douglas, Grant, Okanogan

Area 8
Five Counties: Island, San Juan, Skagit, Snohomish, Whatcom

Area 9
Five Counties: Asotin, Columbia, Garfield, Walla Walla, Whitman

RATE INFORMATION
All rates in this document are for a 40 year-old non-smoking individual.
Plan Name: Gold Essential 1200 Exchange EPO PeaceHealth

Plan Type: EPO

Deductible: $1,200

OOPM: $8,550

Primary Care Visit: $30 copay with deductible;
4 primary care visits at $30 copay before deductible

Specialist Visit: $30 copay after deductible

Urgent Care: $30 copay after deductible

Generic Drugs: $10 copay

Plan Name: BridgeSpan Cascade Select Gold

Plan Type: EPO

Deductible: $500

OOPM: $5,250

Primary Care Visit: $15 copay

Specialist Visit: $40 copay

Urgent Care: $35 copay

Generic Drugs: $10 copay
Plan Name: BridgeSpan Cascade Gold Legacy LHP Network

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

Plan Name: BridgeSpan Cascade Gold RealValue Network

Plan Type: EPO
Deductible: $500
OOPM: $5,250
Primary Care Visit: $15 copay
Specialist Visit: $40 copay
Urgent Care: $35 copay
Generic Drugs: $10 copay
Plan Name: Silver Essential 2850 Exchange EPO PeaceHealth

Plan Type: EPO

Deductible: $2,850

OOPM: $8,550

Primary Care Visit: $35 copay with deductible;
4 primary care visits at $35 copay before deductible

Specialist Visit: $35 copay after deductible

Urgent Care: $35 copay after deductible

Generic Drugs: $8 copay

Plan Name: Silver Essential 2850 Exchange EPO RealValue

Plan Type: EPO

Deductible: $2,850

OOPM: $8,550

Primary Care Visit: $35 copay with deductible;
4 primary care visits at $35 copay before deductible

Specialist Visit: $35 copay after deductible

Urgent Care: $35 copay after deductible

Generic Drugs: $8 copay
Plan Name: BridgeSpan Cascade Silver Legacy LHP Network

Plan Name: BridgeSpan Cascade Select Silver

Plan Type: EPO

Deductible: $2,000

OOPM: $7,800

Primary Care Visit: $25 copay

Specialist Visit: $60 copay

Urgent Care: $60 copay

Generic Drugs: $20 copay

Metal Level: SILVER

Premium: $490
(Rating Area 6)

1 County: Kittitas

Metal Level: SILVER

Premium: $501
(Rating Area 3)

1 County: Clark
Plan Name: BridgeSpan Cascade Silver RealValue Network

Plan Type: EPO
Deductible: $2,000
OOPM: $7,800
Primary Care Visit: $25 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $20 copay

Plan Name: Bronze HDHP 6000 Exchange EPO RealValue

Plan Type: EPO
Deductible: $6,000
OOPM: $7,000
Primary Care Visit: 50% coinsurance after deductible
Specialist Visit: 50% coinsurance after deductible
Urgent Care: 50% coinsurance after deductible
Generic Drugs: 30% coinsurance after deductible

Premium Range:
Low: $467 (Rating Area 4)
High: $528 (Rating Area 2)

Premium Range:
Low: $312 (Rating Area 4)
High: $353 (Rating Area 2)

13 Counties: Benton, Columbia, Franklin, King, Kitsap, Klickitat, Pierce, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Yakima

13 Counties: Benton, Columbia, Franklin, King, Kitsap, Klickitat, Pierce, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Yakima
Plan Name: Bronze Care on Demand 8000 Exchange
EPO PeaceHealth

Plan Type: EPO
Deductible: $8,000
OOPM: $8,550
Primary Care Visit: 20% coinsurance after deductible
Specialist Visit: 20% coinsurance after deductible
Urgent Care: 20% coinsurance after deductible
Generic Drugs: $15 copay

Plan Name: Bronze Care on Demand 8000 Exchange
EPO RealValue

Plan Type: EPO
Deductible: $8,000
OOPM: $8,550
Primary Care Visit: 20% coinsurance after deductible
Specialist Visit: 20% coinsurance after deductible
Urgent Care: 20% coinsurance after deductible
Generic Drugs: $15 copay

Premium: $315
(Rating Area 3)

Premium Range:
Low: $290 (Rating Area 4)
High: $329 (Rating Area 2)
Plan Name: Bronze Essential 7500 Exchange EPO PeaceHealth

Plan Type: EPO

Deductible: $7,500

OOPM: $8,550

Primary Care Visit: $60 copay with deductible;

4 primary care visits at $60 copay before deductible

Specialist Visit: $60 copay after deductible

Urgent Care: $60 copay after deductible

Generic Drugs: $15 copay

Plan Name: Bronze Essential 7500 Exchange EPO RealValue

Plan Type: EPO

Deductible: $7,500

OOPM: $8,550

Primary Care Visit: $60 copay with deductible;

4 primary care visits at $60 copay before deductible

Specialist Visit: $60 copay after deductible

Urgent Care: $60 copay after deductible

Generic Drugs: $15 copay
Plan Name: BridgeSpan Cascade Select Bronze

Plan Type: EPO
Deductible: $6,000
OOPM: $8,550
Primary Care Visit: $50 copay
Specialist Visit: $100 copay after deductible
Urgent Care: $100 copay
Generic Drugs: $32 copay

Plan Name: BridgeSpan Cascade Bronze Legacy LHP Network

Plan Type: EPO
Deductible: $6,000
OOPM: $8,550
Primary Care Visit: $50 copay
Specialist Visit: $100 copay after deductible
Urgent Care: $100 copay
Generic Drugs: $32 copay
Plan Name: BridgeSpan Cascade Bronze RealValue Network

Plan Type: EPO

Deductible: $6,000

OOPM: $8,550

Primary Care Visit: $50 copay

Specialist Visit: $100 copay after deductible

Urgent Care: $100 copay

Generic Drugs: $32 copay

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

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

Premium Range:
Low: $420 (Rating Area 4)
High: $483 (Rating Area 2)

Metal Level: GOLD

9 Counties: Chelan, Douglas, Grant, Kitsap, Kittitas, Okanogan, Pierce, Spokane, Yakima

Plan Name: Community Health Network of Washington
Cascade Select Silver

Plan Type: EPO
Deductible: $2,000
OOPM: $7,800
Primary Care Visit: $25 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $20 copay

Premium Range:
Low: $392 (Rating Area 4)
High: $451 (Rating Area 2)

Metal Level: SILVER

9 Counties: Chelan, Douglas, Grant, Kitsap, Kittitas, Okanogan, Pierce, Spokane, Yakima
Plan Name: Community Health Network of Washington
Cascade Select Bronze

Plan Type: EPO
Deductible: $6,000
OOPM: $8,550
Primary Care Visit: $50 copay
Specialist Visit: $100 copay after deductible
Urgent Care: $100 copay
Generic Drugs: $32 copay

Premium Range:
Low: $307 (Rating Area 4)
High: $353 (Rating Area 2)

Metal Level: BRONZE

9 Counties: Chelan, Douglas, Grant, Kitsap, Kittitas, Okanogan, Pierce, Spokane, Yakima
**Plan Name:** Ambetter Secure Care 5 (2021)

**Plan Type:** HMO

**Deductible:** $1,450

**OOPM:** $6,300

**Primary Care Visit:** $15 copay

**Specialist Visit:** $35 copay

**Urgent Care:** $35 copay

**Generic Drugs:** $15 copay

**Premium Range:**
- Low: $396 (Rating Area 4)
- High: $478 (Rating Area 7)

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

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**Plan Name:** Ambetter Secure Care 5 (2021) + Vision

**Plan Type:** HMO

**Deductible:** $1,450

**OOPM:** $6,300

**Primary Care Visit:** $15 copay

**Specialist Visit:** $35 copay

**Urgent Care:** $35 copay

**Generic Drugs:** $15 copay

**Premium Range:**
- Low: $396 (Rating Area 4)
- High: $483 (Rating Area 7)

**27 Counties:** Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whitman, Yakima
Plan Name: Ambetter Secure Care 1 (2021) with 3 Free PCP Visits

Plan Type: HMO

Deductible: $1,050 Medical; $500 Drug

OOPM: $6,450

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

Specialist Visit: 20% Coinsurance after deductible

Urgent Care: 20% Coinsurance after deductible

Generic Drugs: $10 copay

Premium Range:
Low: $385 (Rating Area 4)
High: $469 (Rating Area 7)

27 Counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whitman, Yakima
Plan Name: Ambetter Cascade Gold

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

Premium Range:
Low: $432 (Rating Area 4)
High: $527 (Rating Area 7)

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

Plan Name: Ambetter Cascade Select Gold

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

Premium: $483
(Rating Area 9)

1 County: Asotin
<table>
<thead>
<tr>
<th>Plan Name: Ambetter Balanced Care 1 (2021)</th>
<th>Plan Name: Ambetter Balanced Care 4 (2021)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metal Level: SILVER</td>
<td>Metal Level: SILVER</td>
</tr>
<tr>
<td>Premium Range: Low: $344 (Rating Area 4)</td>
<td>Premium Range: Low: $345 (Rating Area 4)</td>
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<td></td>
<td>High: $420 (Rating Area 7)</td>
</tr>
<tr>
<td></td>
<td>High: $421 (Rating Area 7)</td>
</tr>
<tr>
<td>Plan Type: HMO</td>
<td>Plan Type: HMO</td>
</tr>
<tr>
<td>Deductible: $5,650</td>
<td>Deductible: $6,900</td>
</tr>
<tr>
<td>OOPM: $7,350</td>
<td>OOPM: $6,900</td>
</tr>
<tr>
<td>Primary Care Visit: $30 copay</td>
<td>Primary Care Visit: $30 copay</td>
</tr>
<tr>
<td>Specialist Visit: $60 copay</td>
<td>Specialist Visit: $60 copay</td>
</tr>
<tr>
<td>Urgent Care: $60 copay</td>
<td>Urgent Care: $60 copay</td>
</tr>
<tr>
<td>Generic Drugs: $10 copay</td>
<td>Generic Drugs: $15 copay</td>
</tr>
</tbody>
</table>

27 Counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whitman, Yakima
Plan Name: Ambetter Balanced Care 71 (2021)

Plan Type: HMO

Deductible: $4,500

OOPM: $6,900

Primary Care Visit: $30 copay

Specialist Visit: $60 copay

Urgent Care: $60 copay

Generic Drugs: $20 copay

Premium Range:
Low: $354 (Rating Area 4)
High: $432 (Rating Area 7)

Metal Level: SILVER

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

Plan Name: Ambetter Balanced Care 1 (2021) + Vision

Plan Type: HMO

Deductible: $5,650

OOPM: $7,350

Primary Care Visit: $30 copay

Specialist Visit: $60 copay

Urgent Care: $60 copay

Generic Drugs: $10 copay

Premium Range:
Low: $348 (Rating Area 4)
High: $424 (Rating Area 7)

Metal Level: SILVER

27 Counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whitman, Yakima
Plan Name: Ambetter Balanced Care 4 (2021) + Vision

Plan Type: HMO
Deductible: $6,900
OOPM: $6,900
Primary Care Visit: $30 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $15 copay

Metal Level: SILVER
Premium Range:
Low: $349 (Rating Area 4)
High: $426 (Rating Area 7)

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

Plan Name: Ambetter Balanced Care 71 (2021) + Vision

Plan Type: HMO
Deductible: $4,500
OOPM: $6,900
Primary Care Visit: $30 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $20 copay

Metal Level: SILVER
Premium Range:
Low: $358 (Rating Area 4)
High: $437 (Rating Area 7)

27 Counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whitman, Yakima
Plan Name: Ambetter Cascade Silver

Plan Type: HMO
Deductible: $2,000
OOPM: $7,800
Primary Care Visit: $25 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $20 copay

Premium Range:
Low: $385 (Rating Area 4)
High: $470 (Rating Area 7)

Metal Level:
SILVER

Plan Name: Ambetter Cascade Select Silver

Plan Type: HMO
Deductible: $2,000
OOPM: $7,800
Primary Care Visit: $25 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $20 copay

Premium: $431
(Rating Area 9)

Metal Level:
SILVER
**Plan Name: Ambetter Essential Care 1 (2021)**

**Plan Type:** HMO  
**Deductible:** $8,300  
**OOPM:** $8,300  
**Primary Care Visit:** No charge after deductible  
**Specialist Visit:** No charge after deductible  
**Urgent Care:** No charge after deductible  
**Generic Drugs:** $25 copay

**Plan Name: Ambetter Essential Care 5 (2021)**

**Plan Type:** HMO  
**Deductible:** $8,100  
**OOPM:** $8,500  
**Primary Care Visit:** $40 copay  
**Specialist Visit:** $90 copay  
**Urgent Care:** $50 copay  
**Generic Drugs:** $30 copay
Plan Name: Ambetter Essential Care 10 (2021)

Plan Type: HMO
Deductible: $7,200
OOPM: $8,400
Primary Care Visit: 50% coinsurance
Specialist Visit: 50% coinsurance after deductible
Urgent Care: $60 copay
Generic Drugs: $25 copay

Premium Range:
Low: $260 (Rating Area 4)
High: $317 (Rating Area 7)

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

Plan Name: Ambetter Essential Care 1 (2021) + Vision

Plan Type: HMO
Deductible: $8,300
OOPM: $8,300
Primary Care Visit: No charge after deductible
Specialist Visit: No charge after deductible
Urgent Care: No charge after deductible
Generic Drugs: $25 copay

Premium Range:
Low: $255 (Rating Area 4)
High: $311 (Rating Area 7)

27 Counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whitman, Yakima
Plan Name: Ambetter Essential Care 5 (2021) + Vision

- **Plan Type:** HMO
- **Deductible:** $8,100
- **OOPM:** $8,500
- **Primary Care Visit:** $40 copay
- **Specialist Visit:** $90 copay
- **Urgent Care:** $50 copay
- **Generic Drugs:** $30 copay

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

Metal Level: BRONZE

Premium Range:
- **Low:** $277 (Rating Area 4)
- **High:** $337 (Rating Area 7)

Plan Name: Ambetter Essential Care 10 (2021) + Vision

- **Plan Type:** HMO
- **Deductible:** $7,200
- **OOPM:** $8,400
- **Primary Care Visit:** 50% coinsurance
- **Specialist Visit:** 50% coinsurance after deductible
- **Urgent Care:** $60 copay
- **Generic Drugs:** $25 copay

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

Metal Level: BRONZE

Premium Range:
- **Low:** $263 (Rating Area 4)
- **High:** $321 (Rating Area 7)
Plan Name: Ambetter Cascade Bronze

Plan Type: HMO
Deductible: $6,000
OOPM: $8,550
Primary Care Visit: $50 copay
Specialist Visit: $100 copay after deductible
Urgent Care: $100 copay
Generic Drugs: $32 copay

Metal Level: BRONZE
Premium Range:
Low: $269 (Rating Area 4)
High: $328 (Rating Area 7)

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

Plan Name: Ambetter Cascade Select Bronze

Plan Type: HMO
Deductible: $6,000
OOPM: $8,550
Primary Care Visit: $50 copay
Specialist Visit: $100 copay after deductible
Urgent Care: $100 copay
Generic Drugs: $32 copay

Metal Level: BRONZE
Premium: $301
(Rating Area 9)

1 County: Asotin
Plan Name: KP WA Gold 0/20

Metal Level: GOLD

Premium Range:
Low: $496 (Rating Area 3)
High: $521 (Rating Area 2)

Plan Type: EPO
Deductible: $0
OOPM: $7,900
Primary Care Visit: $20 copay
Specialist Visit: $50 copay
Urgent Care: $40 copay
Generic Drugs: $10 copay

2 Counties: Clark and Cowlitz

Plan Name: KP WA Gold 1500/30

Metal Level: GOLD

Premium Range:
Low: $461 (Rating Area 3)
High: $484 (Rating Area 2)

Plan Type: EPO
Deductible: $1,500
OOPM: $7,900
Primary Care Visit: $30 copay
Specialist Visit: $50 copay
Urgent Care: $40 copay
Generic Drugs: $15 copay

2 Counties: Clark and Cowlitz
Plan Name: KP Cascade Gold

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

Plan Name: KP WA Silver 2500/40

Plan Type: EPO
Deductible: $2,500
OOPM: $8,550
Primary Care Visit: $40 copay
Specialist Visit: $65 copay
Urgent Care: $50 copay
Generic Drugs: $25 copay
**Plan Name: KP Cascade Silver**

- **Plan Type:** EPO
- **Deductible:** $2,000
- **OOPM:** $7,800
- **Primary Care Visit:** $25 copay
- **Specialist Visit:** $60 copay
- **Urgent Care:** $60 copay
- **Generic Drugs:** $20 copay

**Premium Range:**
- Low: $499 (Rating Area 3)
- High: $524 (Rating Area 2)

**Metal Level:** SILVER

**2 Counties:** Clark and Cowlitz

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**Plan Name: KP WA Bronze 6350/65**

- **Plan Type:** EPO
- **Deductible:** $6,350
- **OOPM:** $8,550
- **Primary Care Visit:** $65 copay
- **Specialist Visit:** $95 copay after deductible
- **Urgent Care:** 35% coinsurance after deductible
- **Generic Drugs:** $30 copay after deductible

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

**Metal Level:** BRONZE

**2 Counties:** Clark and Cowlitz
Plan Name: KP WA Bronze 8550/75

Plan Type: EPO
Deductible: $8,550
OOPM: $8,550
Primary Care Visit: $75 copay
Specialist Visit: No charge after deductible
Urgent Care: No charge after deductible
Generic Drugs: $30 copay

Plan Name: KP WA Bronze 6900/0% HSA

Plan Type: EPO
Deductible: $6,900
OOPM: $6,900
Primary Care Visit: No charge after deductible
Specialist Visit: No charge after deductible
Urgent Care: No charge after deductible
Generic Drugs: No charge after deductible
Plan Name: KP Cascade Bronze

Plan Type: EPO

Deductible: $6,000

OOPM: $8,500

Primary Care Visit: $50 copay

Specialist Visit: $100 copay after deductible

Urgent Care: $100 copay

Generic Drugs: $32 copay

Metal Level: BRONZE

Premium Range:
Low: $335 (Rating Area 3)
High: $352 (Rating Area 2)

2 Counties: Clark and Cowlitz
Plan Name: Flex Gold - 21

Plan Type: HMO

Deductible: $1,150

OOPM: $7,900

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

Specialist Visit: $45 copay after deductible

Urgent Care: $20 copay after deductible

Generic Drugs: $10 copay

Plan Name: Kaiser Permanente Cascade Gold

Plan Type: HMO

Deductible: $500

OOPM: $5,250

Primary Care Visit: $15 copay

Specialist Visit: $40 copay

Urgent Care: $35 copay

Generic Drugs: $10 copay
Plan Name: Flex Silver - 21

Plan Type: HMO

Deductible: $1,800

OOPM: $7,900

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

Specialist Visit: $45 copay after deductible

Urgent Care: $20 copay after deductible

Generic Drugs: $10 copay

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

Plan Name: Virtual Plus Silver - 21

Plan Type: HMO

Deductible: $3,000

OOPM: $8,100

Primary Care Visit: No charge (Virtual and 1st in-person);
$20 copay in-person with referral

Specialist Visit: No charge (Virtual);
$40 copay in-person with referral

Urgent Care: $20 copay

Generic Drugs: $15 copay

6 Counties: King, Kitsap, Pierce, Snohomish, Spokane, Thurston
Plan Name: Kaiser Permanente Cascade Silver

Plan Type: HMO
Deductible: $2,000
OOPM: $7,800
Primary Care Visit: $25 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $20 copay

Plan Name: Bronze - 21

Plan Type: HMO
Deductible: $7,500
OOPM: $8,550
Primary Care Visit: 40% coinsurance after deductible
Specialist Visit: 40% coinsurance after deductible
Urgent Care: 40% coinsurance after deductible
Generic Drugs: 40% coinsurance after deductible

Premium Range:
Low: $280 (Rating Area 1)
High: $322 (Rating Area 2, 6, 8, 9)

Premium Range:
Low: $397 (Rating Area 1)
High: $456 (Rating Area 2, 6, 8, 9)

18 Counties: Benton, Columbia, Franklin, Island, King, Kitsap, Kittitas, Lewis, Mason, Pierce, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman, Yakima
Plan Name: Flex Bronze - 21

Plan Type: HMO

Deductible: $5,500

OOPM: $8,550

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

Specialist Visit: 20% coinsurance after deductible

Urgent Care: 20% coinsurance after deductible

Generic Drugs: $25 copay

Premium Range:
Low: $299 (Rating Area 1)
High: $344 (Rating Area 2, 6, 8, 9)

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

Plan Name: Bronze HSA - 21

Plan Type: HMO

Deductible: $6,050

OOPM: $6,900

Primary Care Visit: 40% coinsurance after deductible

Specialist Visit: 40% coinsurance after deductible

Urgent Care: 40% coinsurance after deductible

Generic Drugs: 40% coinsurance after deductible

Premium Range:
Low: $289 (Rating Area 1)
High: $332 (Rating Area 2, 6, 8, 9)

18 Counties: Benton, Columbia, Franklin, Island, King, Kitsap, Kittitas, Lewis, Mason, Pierce, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman, Yakima
Plan Name: Virtual Plus Bronze - 21

Plan Type: HMO
Deductible: $8,550
OOPM: $8,550
Primary Care Visit: No charge (Virtual and 1st in-person);
$50 copay in-person with referral
Specialist Visit: No charge (Virtual);
$110 copay in-person with referral
Urgent Care: $50 copay
Generic Drugs: $30 copay

Plan Name: Kaiser Permanente Cascade Bronze

Plan Type: HMO
Deductible: $6,000
OOPM: $8,550
Primary Care Visit: $50 copay
Specialist Visit: $100 copay after deductible
Urgent Care: $100 copay
Generic Drugs: $32 copay
Plan Name: Basics Plus Catastrophic Plan - 21

Plan Type: HMO
Deductible: $8,550
OOPM: $8,550
Primary Care Visit: No charge after deductible
Specialist Visit: No charge after deductible
Urgent Care: No charge after deductible
Generic Drugs: No charge after deductible

Metal Level:
CATASTROPHIC

Premium Range:
Low: $240 (Rating Area 1)
High: $276 (Rating Area 2, 6, 8, 9)

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

Plan Type: EPO
Deductible: $1,000
OOPM: $6,600
Primary Care Visit: $30 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $10 copay

Plan Name: LifeWise Cascade Gold

Plan Type: EPO
Deductible: $500
OOPM: $5,250
Primary Care Visit: $15 copay
Specialist Visit: $40 copay
Urgent Care: $35 copay
Generic Drugs: $10 copay
Plan Name: LifeWise Cascade Select Gold

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

Metals Level: GOLD
Premium Range
Low: $474 (Rating Area 6)
High: $550 (Rating Area 3)

3 Counties: Adams, Benton, Klickitat

Plan Name: LifeWise Essential Silver High Deductible

Plan Type: EPO
Deductible: $3,500
OOPM: $7,200
Primary Care Visit: $25 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $10 copay

Metals Level: SILVER
Premium Range
Low: $409 (Rating Area 1)
High: $492 (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
Plan Name: LifeWise Essential Silver Low Deductible

Plan Type: EPO
Deductible: $2,600
OOPM: $7,550
Primary Care Visit: $25 copay
Specialist Visit: $55 copay
Urgent Care: $55 copay
Generic Drugs: $20 copay

Plan Name: LifeWise Cascade Silver

Plan Type: EPO
Deductible: $2,000
OOPM: $7,800
Primary Care Visit: $25 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $20 copay
Plan Name: LifeWise Cascade Select Silver

Plan Type: EPO

Deductible: $2,000

OOPM: $7,800

Primary Care Visit: $25 copay

Specialist Visit: $60 copay

Urgent Care: $60 copay

Generic Drugs: $20 copay

Plan Name: LifeWise Essential Bronze

Plan Type: EPO

Deductible: $6,450

OOPM: $8,500

Primary Care Visit: $30 copay

Specialist Visit: 30% coinsurance after deductible

Urgent Care: $60 copay

Generic Drugs: $20 copay
Plan Name: LifeWise Essential Bronze II

Plan Type: EPO
Deductible: $7,100
OOPM: $8,550
Primary Care Visit: $50 copay
Specialist Visit: 40% coinsurance after deductible
Urgent Care: $60 copay
Generic Drugs: $35 copay

Plan Name: LifeWise Essential Bronze HSA

Plan Type: EPO
Deductible: $6,100
OOPM: $6,900
Primary Care Visit: 40% coinsurance after deductible
Specialist Visit: 40% coinsurance after deductible
Urgent Care: 40% coinsurance after deductible
Generic Drugs: 40% coinsurance after deductible

Metal Level: BRONZE
Premium Range
Low: $289 (Rating Area 1)
High: $347 (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
Plan Name: LifeWise Cascade Bronze

Plan Type: EPO
Deductible: $6,000
OOPM: $8,550
Primary Care Visit: $50 copay
Specialist Visit: $100 copay after deductible
Urgent Care: $100 copay
Generic Drugs: $32 copay

Plan Name: LifeWise Cascade Select Bronze

Plan Type: EPO
Deductible: $6,000
OOPM: $8,550
Primary Care Visit: $50 copay
Specialist Visit: $100 copay after deductible
Urgent Care: $100 copay
Generic Drugs: $32 copay
### Molina Gold Choice

**Plan Name:** Molina Gold Choice  
**Plan Type:** HMO  
**Deductible:** $2,925  
**OOPM:** $6,500  
**Primary Care Visit:** $10 copay  
**Specialist Visit:** $50 copay  
**Urgent Care:** $10 copay  
**Generic Drugs:** $10 copay  
**Premium Range:**  
- **Low:** $396 (Rating Area 4)  
- **High:** $453 (Rating Area 2)  
**Metal Level:** GOLD

### Molina Cascade Gold

**Plan Name:** Molina Cascade Gold  
**Plan Type:** HMO  
**Deductible:** $500  
**OOPM:** $5,250  
**Primary Care Visit:** $15 copay  
**Specialist Visit:** $40 copay  
**Urgent Care:** $35 copay  
**Generic Drugs:** $10 copay  
**Premium Range:**  
- **Low:** $412 (Rating Area 4)  
- **High:** $472 (Rating Area 2)  
**Metal Level:** GOLD

*14 Counties: Clark, Ferry, King, Kitsap, Klickitat, Lincoln, Mason, Pend Oreille, Pierce, Skamania, Snohomish, Spokane, Stevens, Thurston*
Plan Name: Molina Cascade Silver

- Plan Type: HMO
- Deductible: $2,000
- OOPM: $7,800
- Primary Care Visit: $25 copay
- Specialist Visit: $60 copay
- Urgent Care: $60 copay
- Generic Drugs: $20 copay

Plan Name: Constant Care Silver 1

- Plan Type: HMO
- Deductible: $800 - Drug
- OOPM: $8,000
- Primary Care Visit: $30 copay
- Specialist Visit: $60 copay
- Urgent Care: $30 copay
- Generic Drugs: $20 copay
Plan Name: Core Care Bronze 1

Plan Type: HMO

Deductible: $3,000 - Drug

OOPM: $8,550

Primary Care Visit: $60 copay

Specialist Visit: $150 copay

Urgent Care: $60 copay

Generic Drugs: $27 copay

Plan Name: Molina Cascade Bronze

Plan Type: HMO

Deductible: $6,000

OOPM: $8,500

Primary Care Visit: $50 copay

Specialist Visit: $100 copay after deductible

Urgent Care: $100 copay

Generic Drugs: $32 copay
Plan Name: PacificSource Cascade Gold

Plan Type: PPO
Deductible: $500
OOPM: $5,250
Primary Care Visit: $35 copay
Specialist Visit: $40 copay
Urgent Care: $35 copay
Generic Drugs: $10 copay

Plan Name: Navigator Gold 2000

Plan Type: PPO
Deductible: $2,000
OOPM: $5,500
Primary Care Visit: $20 copay
Specialist Visit: $40 copay
Urgent Care: $20 copay
Generic Drugs: $15 copay
Plan Name: PacificSource Cascade Silver

Plan Type: PPO

Deductible: $2,000

OOPM: $7,800

Primary Care Visit: $25 copay

Specialist Visit: $60 copay

Urgent Care: $60 copay

Generic Drugs: $20 copay
**Plan Name: Navigator Bronze 7000**

**Plan Type:** PPO

**Deductible:** $7,000

**OOPM:** $8,550

**Primary Care Visit:** $35 copay

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

**Urgent Care:** $35 copay

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

**Plan Name: Navigator Bronze HSA 6900**

**Plan Type:** PPO

**Deductible:** $6,900

**OOPM:** $6,900

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

**Specialist Visit:** No charge after deductible

**Urgent Care:** No charge after deductible

**Generic Drugs:** No charge after deductible
Plan Name: PacificSource Cascade Bronze

Plan Type: PPO
Deductible: $6,000
OOPM: $8,550
Primary Care Visit: $50 copay
Specialist Visit: $100 copay after deductible
Urgent Care: $100 copay
Generic Drugs: $32 copay

Plan Name: Navigator Catastrophic

Plan Type: PPO
Deductible: $8,550
OOPM: $8,550
Primary Care Visit: No charge after deductible; 3 free visits
Specialist Visit: No charge after deductible
Urgent Care: No charge after deductible
Generic Drugs: No charge after deductible
Plan Name: Premera Blue Cross Preferred Gold EPO

Plan Type: EPO
Deductible: $1,500
OOPM: $6,800
Primary Care Visit: $15 copay after two free visits
Specialist Visit: $45 copay
Urgent Care: $45 copay
Generic Drugs: $10 copay

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

Plan Name: Premera Blue Cross Cascade Gold

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

7 Counties: Franklin, Grays Harbor, King, Kitsap, Pacific, Skamania, Wahkiakum
Plan Name: Premera Blue Cross Preferred Silver EPO

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

Premium Range:
Low: $453 (Rating Area 6)
High: $506 (Rating Area 3)

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

Plan Name: Premera Blue Cross Cascade Silver

Plan Type: EPO
Deductible: $2,000
OOPM: $7,800
Primary Care Visit: $25 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $20 copay

Premium Range:
Low: $482 (Rating Area 6)
High: $538 (Rating Area 3)

Counties: Franklin, Grays Harbor, King, Kitsap, Pacific, Skamania, Wahkiakum
Plan Name: Premera Blue Cross Preferred Bronze EPO

Plan Type: EPO
Deductible: $6,350
OOPM: $8,200
Primary Care Visit: $50 copay after two free visits
Specialist Visit: 40% coinsurance after deductible
Urgent Care: $60 copay
Generic Drugs: $30 copay

Plan Name: Premera Blue Cross Preferred Bronze HSA EPO 6100

Plan Type: EPO
Deductible: $6,100
OOPM: $6,900
Primary Care Visit: 40% coinsurance after deductible
Specialist Visit: 40% coinsurance after deductible
Urgent Care: 40% coinsurance after deductible
Generic Drugs: 40% coinsurance after deductible
Plan Name: Premera Blue Cross Cascade Bronze

Plan Type: EPO

Deductible: $6,000

OOPM: $8,550

Primary Care Visit: $50 copay

Specialist Visit: $100 copay after deductible

Urgent Care: $100 copay

Generic Drugs: $32 copay

Metal Level: BRONZE

Premium Range:
Low: $343 (Rating Area 6)
High: $384 (Rating Area 3)

7 Counties: Franklin, Grays Harbor, King, Kitsap, Pacific, Skamania, Wahkiakum
Plan Name: Providence Cascade Gold

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

Premium Range:
Low: $565 (Rating Area 4)
High: $618 (Rating Area 3)

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

Plan Name: Providence Cascade Silver

Plan Type: EPO
Deductible: $2,000
OOPM: $7,800
Primary Care Visit: $25 copay
Specialist Visit: $60 copay
Urgent Care: $60 copay
Generic Drugs: $20 copay

Premium Range:
Low: $525 (Rating Area 4)
High: $575 (Rating Area 3)

6 Counties: Clark, Benton, Franklin, Spokane, Thurston, Walla Walla
Plan Name: Providence Cascade Bronze

Plan Type: EPO

Deductible: $6,000

OOPM: $8,550

Primary Care Visit: $50 copay

Specialist Visit: $100 copay after deductible

Urgent Care: $100 copay

Generic Drugs: $32 copay

Metal Level: BRONZE

Premium Range:
Low: $373 (Rating Area 4)
High: $408 (Rating Area 3)

6 Counties: Clark, Benton, Franklin, Spokane, Thurston, Walla Walla
Plan Name: Regence Cascade Gold

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

Plan Name: Alliance Silver 3000 Exchange EPO Legacy LHP

Plan Type: EPO
Deductible: $3,000
OOPM: $8,550
Primary Care Visit: $10 copay
Specialist Visit: $70 copay
Urgent Care: $70 copay
Generic Drugs: $8 copay
Plan Name: Regence Cascade Silver

Plan Type: EPO

Deductible: $2,000

OOPM: $7,800

Primary Care Visit: $25 copay

Specialist Visit: $60 copay

Urgent Care: $60 copay

Generic Drugs: $20 copay

Plan Name: Alliance Bronze HDHP 5700 Exchange EPO Legacy LHP

Plan Type: EPO

Deductible: $5,700

OOPM: $7,000

Primary Care Visit: 50% coinsurance after deductible

Specialist Visit: 50% coinsurance after deductible

Urgent Care: 50% coinsurance after deductible

Generic Drugs: 30% coinsurance after deductible
Plan Name: Alliance Bronze Care on Demand 8000 Exchange EPO Legacy LHP

Plan Type: EPO
Deductible: $8,000
OOPM: $8,550
Primary Care Visit: 20% coinsurance after deductible
Specialist Visit: 20% coinsurance after deductible
Urgent Care: 20% coinsurance after deductible
Generic Drugs: $15 copay

Premium: $315
(Rating Area 3)
1 County: Clark

Plan Name: Alliance Bronze Essential 7500 Exchange EPO Legacy LHP

Plan Type: EPO
Deductible: $7,500
OOPM: $8,550
Primary Care Visit: $60 copay with deductible; 4 primary care visits at $60 copay before deductible
Specialist Visit: $60 copay with deductible
Urgent Care: $60 copay with deductible
Generic Drugs: $15 copay

Premium: $331
(Rating Area 3)
1 County: Clark
Plan Name: Regence Cascade Bronze

Plan Type: EPO

Deductible: $6,000

OOPM: $8,550

Primary Care Visit: $50 copay

Specialist Visit: $100 copay after deductible

Urgent Care: $100 copay

Generic Drugs: $32 copay

Metal Level: BRONZE

Premium: $347
(Rating Area 3)

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

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

Premium Range:
Low: $558 (Rating Area 1)
High: $625 (Rating Area 2)

20 Counties: Clallam, Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Klickitat, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, Whatcom, Yakima

Plan Name: Silver 3000 Exchange EPO Individual and Family Network

Plan Type: EPO
Deductible: $3,000
OOPM: $8,550
Primary Care Visit: $10 copay
Specialist Visit: $70 copay
Urgent Care: $70 copay
Generic Drugs: $8 copay

Premium Range:
Low: $458 (Rating Area 1)
High: $513 (Rating Area 2)

20 Counties: Clallam, Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Klickitat, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, Whatcom, Yakima
Plan Name: Regence Cascade Silver  
Individual and Family Network  

Plan Type: EPO  
Deductible: $2,000  
OOPM: $7,800  
Primary Care Visit: $25 copay  
Specialist Visit: $60 copay  
Urgent Care: $60 copay  
Generic Drugs: $20 copay  

Premium Range:  
Low: $475 (Rating Area 1)  
High: $532 (Rating Area 2)  

20 Counties: Clallam, Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Klickitat, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, Whatcom, Yakima  

Plan Name: Bronze HDHP 5700 Exchange EPO  
Individual and Family Network  

Plan Type: EPO  
Deductible: $5,700  
OOPM: $7,000  
Primary Care Visit: 50% coinsurance after deductible  
Specialist Visit: 50% coinsurance after deductible  
Urgent Care: 50% coinsurance after deductible  
Generic Drugs: 30% coinsurance after deductible  

Premium Range:  
Low: $321 (Rating Area 1)  
High: $359 (Rating Area 2)  

20 Counties: Clallam, Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Klickitat, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, Whatcom, Yakima
Plan Name: Bronze Care on Demand 8000 Exchange EPO
Individual and Family Network

Plan Type: EPO
Deductible: $8,000
OOPM: $8,550
Primary Care Visit: 20% coinsurance after deductible
Specialist Visit: 20% coinsurance after deductible
Urgent Care: 20% coinsurance after deductible
Generic Drugs: $15 copay

20 Counties: Clallam, Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Klickitat, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, Whatcom, Yakima

Plan Name: Bronze Essential 7500 Exchange EPO
Individual and Family Network

Plan Type: EPO
Deductible: $7,500
OOPM: $8,550
Primary Care Visit: $60 copay with deductible
Specialist Visit: $60 copay with deductible
Urgent Care: $60 copay with deductible
Generic Drugs: $15 copay

20 Counties: Clallam, Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Klickitat, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, Whatcom, Yakima
Plan Name: Regence Cascade Bronze
Individual and Family Network

Plan Type: EPO

Deductible: $6,000

OOPM: $8,550

Primary Care Visit: $50 copay

Specialist Visit: $100 copay after deductible

Urgent Care: $100 copay

Generic Drugs: $32 copay

Metal Level: BRONZE

Premium Range:
Low: $326 (Rating Area 1)
High: $364 (Rating Area 2)

20 Counties: Clallam, Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Klickitat, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, Whatcom, Yakima
Plan Name: UnitedHealthcare of Oregon, Inc.  
Cascade Select Gold

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

Premium Range:  
Low: $458 (Rating Area 4)  
High: $527 (Rating Area 1,2)

10 Counties: Clallam, Jefferson, Mason, King, Pierce, Kittitas, Yakima, Lincoln, Adams, Whitman

Plan Name: UnitedHealthcare of Oregon, Inc.  
Cascade Select Silver

Plan Type: EPO  
Deductible: $2,000  
OOPM: $7,800  
Primary Care Visit: $25 copay  
Specialist Visit: $60 copay  
Urgent Care: $60 copay  
Generic Drugs: $20 copay

Premium Range:  
Low: $403 (Rating Area 4)  
High: $463 (Rating Area 1,2)

10 Counties: Clallam, Jefferson, Mason, King, Pierce, Kittitas, Yakima, Lincoln, Adams, Whitman
Plan Name: UnitedHealthcare of Oregon, Inc.  
Cascade Select Bronze

Plan Type: EPO  
Deductible: $6,000  
OOPM: $8,550  
Primary Care Visit: $50 copay  
Specialist Visit: $100 copay after deductible  
Urgent Care: $100 copay  
Generic Drugs: $32 copay
Plan Name: Delta Dental Individual – Washington Kids Plan

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

Monthly Premium
Child - $43.80

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

Monthly Premium
Child - $26.40

2 Counties: Clark, Cowlitz
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): 10% coinsurance after deductible
X-rays: 20% coinsurance after deductible

Monthly Premium
Child - $29.81

Plan Name: Premera Blue Cross Individual Pediatric Dental Plan

Coverage: Low
Plan Type: PPO
Deductible: $85
Annual Benefit Limit: Unlimited
OOPM: $350/child; $700/2+ children
Dental Cleaning: 10% coinsurance after deductible
Filling (Amalgam): 10% coinsurance after deductible
X-rays: 20% coinsurance after deductible

Monthly Premium
Child - $29.81
Plan Name: Delta Dental Individual and Family – Washington Family Plan

Coverage: High
Plan Type: PPO
Deductible: $85/ child; $50/ adult
Annual Benefit Limit: Unlimited for child; $1,000/ adult
OOPM: $350/child; $700/2+ children; N/A for adult
Dental Cleaning: No charge
Filling (Amalgam): 50% coinsurance after deductible/ adult
30% coinsurance after deductible / child
X-rays: No charge

Monthly Premium
Child - $44.84
Adult - $35.47

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 after deductible
Filling (Amalgam): No charge after deductible
X-rays: 50% coinsurance after deductible

Monthly Premium
Child - $25.66
Adult - $21.79

12 Counties: Clark, Cowlitz, King, Kitsap, Mason, Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, Whatcom
Plan Name: LifeWise Family Dental Plan

Coverage: Low
Plan Type: PPO
Deductible: $65
Annual Benefit Limit: Unlimited
OOPM: $350/child; $700/2+ children
Dental Cleaning: No charge/ adult; 10% coinsurance after deductible/ child
Filling (Amalgam): 40% coinsurance after deductible/ adult;
                  10% coinsurance after deductible/ child
X-rays: 10% coinsurance after deductible

Monthly Premium
Child - $30.08
Adult - $35.42

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
All plans listed have met the 19 certification criteria.

**EXCHANGE INDIVIDUAL MARKET**

**BridgeSpan Health Company**
- BridgeSpan Cascade Select Gold
- BridgeSpan Cascade Select Silver
- BridgeSpan Cascade Select Bronze
- BridgeSpan Cascade Gold Legacy LHP Network
- BridgeSpan Cascade Silver Legacy LHP Network
- BridgeSpan Cascade Bronze Legacy LHP Network
- BridgeSpan Cascade Gold RealValue Network
- BridgeSpan Cascade Silver RealValue Network
- BridgeSpan Cascade Bronze RealValue Network
- Gold Essential 1200 Exchange EPO PeaceHealth
- Silver Essential 2850 Exchange EPO PeaceHealth
- Silver Essential 2850 Exchange EPO RealValue
- Bronze HDHP 6000 Exchange EPO RealValue
- Bronze Care on Demand 8000 Exchange EPO PeaceHealth
- Bronze Care on Demand 8000 Exchange EPO RealValue
- Bronze Essential 7500 Exchange EPO PeaceHealth
- Bronze Essential 7500 Exchange EPO RealValue

**Kaiser Foundation Health Plan of the Northwest**
- KP Cascade Gold
- KP Cascade Silver
- KP Cascade Bronze
- KP WA Gold 0/20
- KP WA Gold 1500/30
- KP WA Silver 2500/40
- KP WA Bronze 6350/65
- KP WA Bronze 8550/75
- KP WA Bronze 6900/0% HSA

**Kaiser Foundation Health Plan of Washington**
- Kaiser Permanente Cascade Gold
- Kaiser Permanente Cascade Silver
- Kaiser Permanente Cascade Bronze
- Flex Gold – 21
- Flex Silver – 21
- Virtual Plus Silver - 21
- Bronze – 21
- Flex Bronze - 21 Bronze HSA – 21
- Virtual Plus Bronze- 21
- Basic Plus Catastrophic Plan - 21

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

**Coordinated Care Corporation**
- Ambetter Cascade Select Gold
- Ambetter Cascade Select Silver
- Ambetter Cascade Select Bronze
- Ambetter Cascade Gold
- Ambetter Cascade Silver
- Ambetter Cascade Bronze
- Ambetter Secure Care 5 (2021)
- Ambetter Secure Care 5 (2021) +Vision
- Ambetter Secure Care 1 (2021) with 3 Free PCP Visits
- Ambetter Secure Care 1 (2021) with 3 Free PCP Visits + Vision
- Ambetter Balanced Care 1 (2021)
- Ambetter Balanced Care 4(2021)
- Ambetter Balanced Care 71 (2021)
- Ambetter Balanced Care 1 (2021) + Vision
- Ambetter Balanced Care 4 (2021) + Vision
- Ambetter Balanced Care 71 (2021) + Vision
- Ambetter Essential Care 1 (2021)
- Ambetter Essential Care 5(2021)
- Ambetter Essential Care 10 (2021)
- Ambetter Essential Care 1 (2021) + Vision
- Ambetter Essential Care 5 (2021) + Vision
- Ambetter Essential Care 10 (2021) + Vision

**LifeWise Health Plan of Washington**
- LifeWise Cascade Select Gold
- LifeWise Cascade Select Silver
- LifeWise Cascade Select Bronze
- LifeWise Cascade Gold
- LifeWise Cascade Silver
- LifeWise Cascade Bronze
- LifeWise Essential Gold
- LifeWise Essential Silver High Deductible
- LifeWise Essential Silver Low Deductible
- LifeWise Essential Bronze
- LifeWise Essential Bronze HSA
- LifeWise Essential Bronze II
Molina Healthcare of Washington
Molina Cascade Gold
Molina Cascade Silver
Molina Cascade Bronze
Molina Choice Gold
Molina Choice Silver
Constant Care Silver 1
Core Care Bronze 1

Premera Blue Cross
Premera Blue Cross Cascade Gold
Premera Blue Cross Cascade Silver
Premera Blue Cross Cascade Bronze
Premera Blue Cross Preferred Gold EPO
Premera Blue Cross Preferred Silver EPO
Premera Blue Cross Preferred Bronze EPO
Premera Blue Cross Preferred Bronze HSA EPO 6100

PacificSource Health Plans
PacificSource Cascade Gold
PacificSource Cascade Silver
PacificSource Cascade Gold
Navigator Gold 2000
Navigator Silver 5000
Navigator Bronze 7000
Navigator Bronze HSA 6900
Navigator Catastrophic

Providence Health Plan
Providence Cascade Gold
Providence Cascade Silver
Providence Cascade Bronze

Regence BlueCross BlueShield of Oregon
Regence Cascade Gold
Regence Cascade Silver
Regence Cascade Bronze
Alliance Silver 3000 Exchange EPO Legacy LHP
Alliance Bronze HDHP 5700 Exchange EPO Legacy LHP
Alliance Bronze Care on Demand 8000 Exchange EPO Legacy LHP
Alliance Bronze Essential 7500 Exchange EPO Legacy LHP

United Healthcare of Oregon, Inc.
United HealthCare of Oregon, Inc. Cascade Select Gold
United HealthCare of Oregon, Inc. Cascade Select Silver
United HealthCare of Oregon, Inc. Cascade Select Bronze

Regence BlueShield
Regence Cascade Gold Individual and Family Network
Regence Cascade Silver Individual and Family Network
Regence Cascade Bronze Individual and Family Network
Silver 3000 Exchange EPO Individual and Family Network
Bronze HDHP 5700 Exchange EPO Individual and Family Network
Bronze Care on Demand 8000 Exchange EPO Individual and Family Network
Bronze Essential 7500 Exchange EPO Individual and Family Network
All plans listed have met the 10 certification criteria.

**EXCHANGE DENTAL**

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