2021 Qualified Health Plan and Qualified Dental Plan Certification Requests

September 2020

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SUMMARY OF EXCHANGE INDIVIDUAL MARKET

MARKET OVERVIEW

13 Issuers
115 Individual QHPs

77 New
38 Renewals

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

3 Issuers
2 Low
3 Renewals

3 Individual QDPs
1 High
0 New

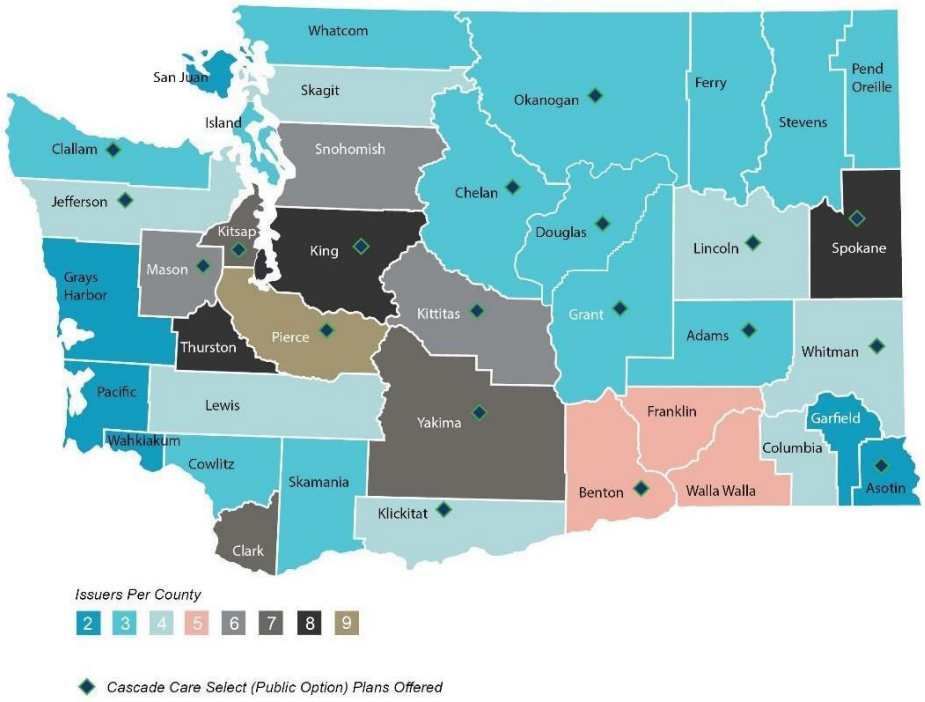
Pediatric Dental

4 Issuers
2 Low
4 Renewals

4 Individual QDPs
2 High
0 New

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

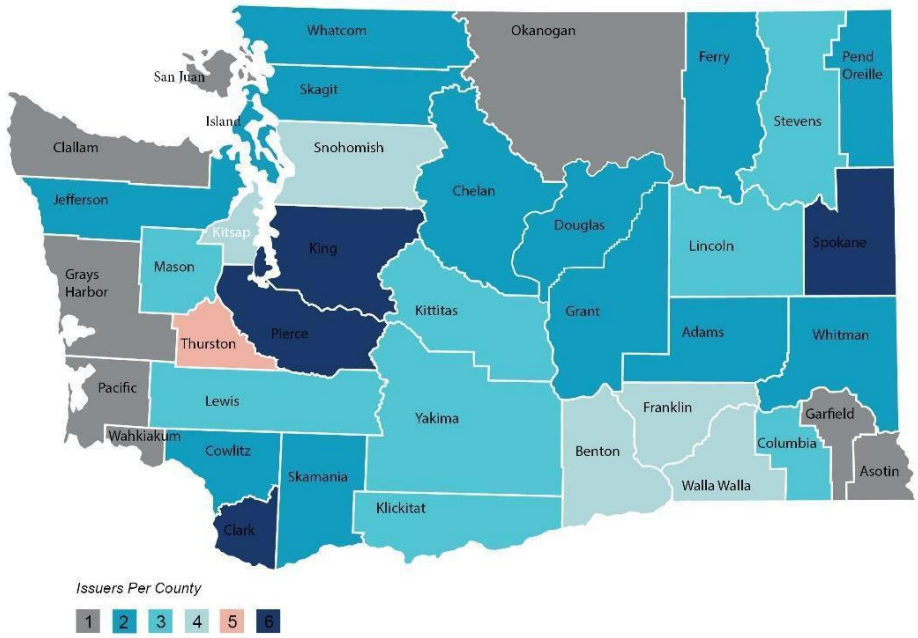
Six Issuers:
Kittitas, Mason, Snohomish

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

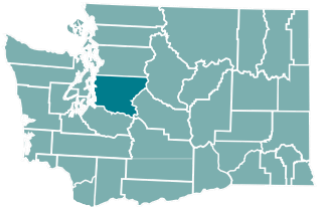
Four Issuers:
Benton, Franklin, Kitsap, Snohomish, Walla Walla

Five Issuers:
Thurston

Six Issuers:
Clark, King, Pierce, Spokane

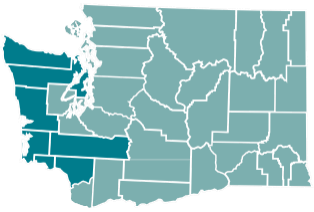
RATING AREAS AND RATE INFORMATION

Area 1



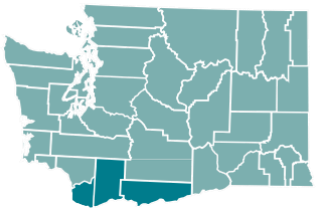
One County: King

Area 2



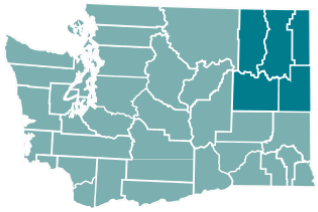
Eight Counties: Cowlitz, Clallam, Grays Harbor, Jefferson, Lewis, Kitsap, Pacific, Wahkiakum

Area 3



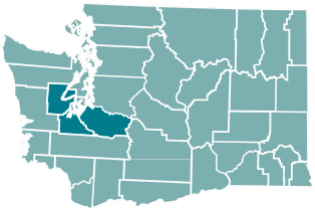
Three Counties: Clark, Klickitat, Skamania

Area 4



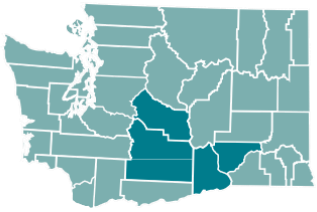
Five Counties: Ferry, Lincoln, Pend Oreille, Spokane, Stevens

Area 5



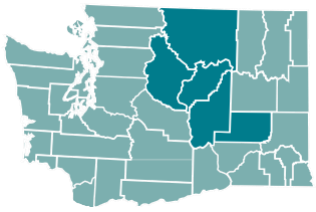
Three Counties: Mason, Pierce, Thurston

Area 6



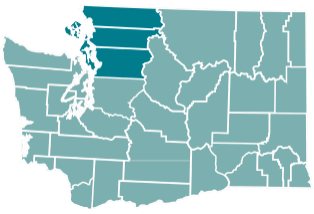
Four Counties: Benton, Franklin, Kittitas, Yakima

Area 7



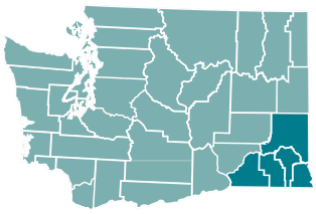
Five Counties: Adams, Chelan, Douglas, Grant, Okanogan

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.

BRIDGESPAN HEALTH COMPANY

Metal Level:
GOLD

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

Plan Type: EPO

Deductible: $1,200

OOPM: $8,550

Premium: $547
(Rating Area 3)

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

1 County: Clark

Metal Level:
GOLD

Plan Name: **BridgeSpan Cascade Select Gold**

Plan Type: EPO

Deductible: $500

OOPM: $5,250

Premium: $576
(Rating Area 6)

Primary Care Visit: $15 copay

Specialist Visit: $40 copay

Urgent Care: $35 copay

Generic Drugs: $10 copay

1 County: Kittitas

BRIDGESPAN HEALTH COMPANY

Metal Level:
GOLD

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

Premium: $588
(Rating Area 3)

1 County: Clark

Metal Level:
GOLD

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

Premium:
Low: $548 (Rating Area 4)
High: $620 (Rating Area 2)

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

BRIDGESPAN HEALTH COMPANY

Metal Level:
SILVER

Plan Name: Silver Essential 2850 Exchange EPO PeaceHealth

Plan Type: EPO

Deductible: $2,850

OOPM: $8,550

Premium: $500
(Rating Area 3)

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

1 County: Clark

Metal Level:
SILVER

Plan Name: Silver Essential 2850 Exchange EPO RealValue

Plan Type: EPO

Deductible: $2,850

OOPM: $8,550

Premium Range:
Low: $461 (Rating Area 4)
High: $522 (Rating Area 2)

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

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

BRIDGESPAN HEALTH COMPANY

Metal Level:
SILVER

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

Premium: $490
(Rating Area 6)

1 County: Kittitas

Metal Level:
SILVER

Plan Name: BridgeSpan Cascade Silver Legacy LHP 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: $501
(Rating Area 3)

1 County: Clark

BRIDGESPAN HEALTH COMPANY

Metal Level: SILVER

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

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

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

Metal Level: BRONZE

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: $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

Metal Level: BRONZE

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

Premium: $315
(Rating Area 3)

1 County: Clark

Metal Level: BRONZE

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 Range:
Low: $290 (Rating Area 4)
High: $329 (Rating Area 2)

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

Metal Level: BRONZE

Plan Name: Bronze Essential 7500 Exchange EPO PeaceHealth

Plan Type: EPO

Deductible: $7,500

OOPM: $8,550

Premium: $331
(Rating Area 3)

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

1 County: Clark

Metal Level: BRONZE

Plan Name: Bronze Essential 7500 Exchange EPO RealValue

Plan Type: EPO

Deductible: $7,500

OOPM: $8,550

Premium Range:
Low: $305 (Rating Area 4)
High: $345 (Rating Area 2)

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

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

BRIDGESPAN HEALTH COMPANY

Metal Level: BRONZE

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

Premium: $336
(Rating Area 6)

1 County: Kittitas

Metal Level: BRONZE

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

Premium: $343
(Rating Area 3)

1 County: Clark

BRIDGESPAN HEALTH COMPANY

Metal Level: BRONZE

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

Premium Range:
Low: $320 (Rating Area 4)
High: $362 (Rating Area 2)

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

COMMUNITY HEALTH NETWORK OF WASHINGTON

Metal Level:
GOLD

Plan Name: Community Health Network of Washington Cascade Select Gold

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

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

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

Metal Level:
SILVER

Plan Name: Community Health Network of Washington Cascade Select Silver

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

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

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

COMMUNITY HEALTH NETWORK OF WASHINGTON

Metal Level:
BRONZE

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)

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

COORDINATED CARE CORPORATION

Metal Level:
GOLD

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: $392 (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

Metal Level:
GOLD

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

COORDINATED CARE CORPORATION

Metal Level: GOLD

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

Metal Level: GOLD

Plan Name: Ambetter Secure Care 1 (2021) with 3 Free PCP Visits + Vision

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: $389 (Rating Area 4)
High: $475 (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

COORDINATED CARE CORPORATION

Metal Level:
GOLD

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

Metal Level:
GOLD

Plan Name: **Ambetter Cascade Select Gold**

Plan Type: HMO

Deductible: $500

OOPM: $5,250

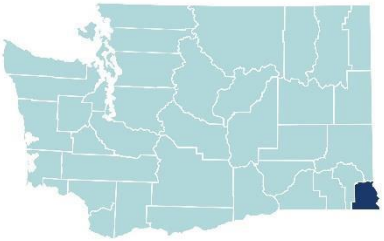
Primary Care Visit: $15 copay

Specialist Visit: $40 copay

Urgent Care: $35 copay

Generic Drugs: $10 copay

Premium: $483
(Rating Area 9)



1 County: Asotin

COORDINATED CARE CORPORATION

Metal Level:
SILVER

Plan Name: Ambetter Balanced Care 1 (2021)

Premium Range:
Low: $344 (Rating Area 4)
High: $420 (Rating Area 7)

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

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:
SILVER

Plan Name: Ambetter Balanced Care 4 (2021)

Premium Range:
Low: $345 (Rating Area 4)
High: $421 (Rating Area 7)

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

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

COORDINATED CARE CORPORATION

Plan Name: Ambetter Balanced Care 71 (2021)

Metal Level:
SILVER

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)

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

Metal Level:
SILVER

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)

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

COORDINATED CARE CORPORATION

Plan Name: Ambetter Balanced Care 4 (2021) + Vision

Metal Level:
SILVER

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

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

Metal Level:
SILVER

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: $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

COORDINATED CARE CORPORATION

Metal Level:
SILVER

Plan Name: Ambetter Cascade Silver

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

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

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:
SILVER

Plan Name: Ambetter Cascade Select Silver

Premium: $431
(Rating Area 9)

Plan Type: HMO

Deductible: $2,000

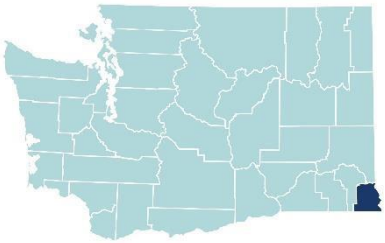
OOPM: $7,800

Primary Care Visit: $25 copay

Specialist Visit: $60 copay

Urgent Care: $60 copay

Generic Drugs: $20 copay



1 County: Asotin

COORDINATED CARE CORPORATION

Metal Level: BRONZE

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

Premium Range:
Low: $252 (Rating Area 4)
High: $307 (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

Metal Level: BRONZE

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

Premium Range:
Low: $273 (Rating Area 4)
High: $334 (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

COORDINATED CARE CORPORATION

Metal Level: BRONZE

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

Metal Level: BRONZE

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

COORDINATED CARE CORPORATION

Metal Level: BRONZE

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

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

Metal Level: BRONZE

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

Premium Range:
Low: $263 (Rating Area 4)
High: $321 (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

COORDINATED CARE CORPORATION

Metal Level:
BRONZE

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

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

Metal Level:
BRONZE

Plan Name: Ambetter Cascade Select Bronze

Plan Type: HMO

Deductible: $6,000

OOPM: $8,550

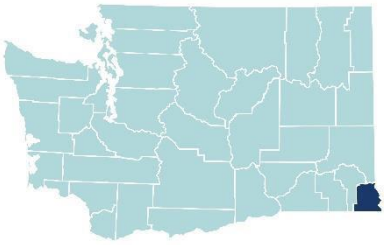
Primary Care Visit: $50 copay

Specialist Visit: $100 copay after deductible

Urgent Care: $100 copay

Generic Drugs: $32 copay

Premium: $301
(Rating Area 9)



1 County: Asotin

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Metal Level:
GOLD

Plan Name: KP WA Gold 0/20

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

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

2 Counties: Clark and Cowlitz

Metal Level:
GOLD

Plan Name: KP WA Gold 1500/30

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

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

2 Counties: Clark and Cowlitz

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Metal Level: GOLD

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

Premium Range:
Low: $530 (Rating Area 3)
High: $557 (Rating Area 2)

2 Counties: Clark and Cowlitz

Metal Level: SILVER

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

Premium Range:
Low: $474 (Rating Area 3)
High: $498 (Rating Area 2)

2 Counties: Clark and Cowlitz

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Metal Level: SILVER

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)

2 Counties: Clark and Cowlitz

Metal Level: BRONZE

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)

2 Counties: Clark and Cowlitz

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Metal Level: BRONZE

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

Premium Range:
Low: $330 (Rating Area 3)
High: $346 (Rating Area 2)

2 Counties: Clark and Cowlitz

Metal Level: BRONZE

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

Premium Range:
Low: $337 (Rating Area 3)
High: $354 (Rating Area 2)

2 Counties: Clark and Cowlitz

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Metal Level:
BRONZE

Plan Name: KP Cascade Bronze

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

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

2 Counties: Clark and Cowlitz

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Metal Level: GOLD

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

Premium Range:
Low: $409 (Rating Area 1)
High: $471 (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

Metal Level: GOLD

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

Premium Range:
Low: $437 (Rating Area 1)
High: $503 (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

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Plan Name: Flex Silver - 21

Metal Level:
SILVER

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

Premium Range:
Low: $385 (Rating Area 1)
High: $443 (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 Silver - 21

Metal Level:
SILVER

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

Premium Range:
Low: $358 (Rating Area 1)
High: $412 (Rating Area 2, 8)

6 Counties: King, Kitsap, Pierce, Snohomish, Spokane, Thurston

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Metal Level: SILVER

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

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

Metal Level: BRONZE

Plan Name: Bronze - 21

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

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

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

Metal Level: BRONZE

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

Metal Level: BRONZE

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

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Plan Name: Virtual Plus Bronze - 21

Metal Level:
BRONZE

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

Premium Range:
Low: $278 (Rating Area 1)
High: $320 (Rating Area 2, 8)

6 Counties: King, Kitsap, Pierce, Snohomish, Spokane, Thurston

Metal Level:
BRONZE

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

Premium Range:
Low: $296 (Rating Area 1)
High: $340 (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

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Metal Level:
CATASTROPHIC

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

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

LIFEWISE HEALTH PLAN OF WASHINGTON

Plan Name: LifeWise Essential Gold

Metal Level:
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

Premium Range
Low: $435 (Rating Area 1)
High: $523 (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 Gold

Metal Level:
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: $490 (Rating Area 1)
High: $589 (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

LIFEWISE HEALTH PLAN OF WASHINGTON

Metal Level: GOLD

Plan Name: LifeWise Cascade Select Gold

Plan Type: EPO

Deductible: $500

OOPM: $5,250

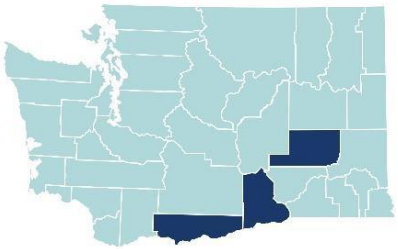
Primary Care Visit: $15 copay

Specialist Visit: $40 copay

Urgent Care: $35 copay

Generic Drugs: $10 copay

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



3 Counties: Adams, Benton, Klickitat

Metal Level: SILVER

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

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

LIFEWISE HEALTH PLAN OF WASHINGTON

Metal Level: SILVER

Plan Name: LifeWise Essential Silver Low Deductible

Premium Range
Low: $410 (Rating Area 1)
High: $493 (Rating Area 3)

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

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

Metal Level: SILVER

Plan Name: LifeWise Cascade Silver

Premium Range
Low: $428 (Rating Area 1)
High: $515 (Rating Area 3)

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

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

LIFEWISE HEALTH PLAN OF WASHINGTON

Metal Level: SILVER

Plan Name: LifeWise Cascade Select Silver

Plan Type: EPO

Deductible: $2,000

OOPM: $7,800

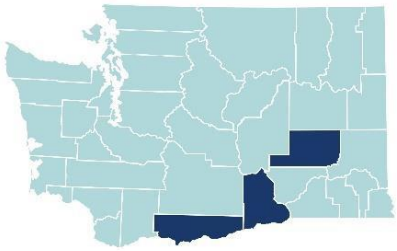
Primary Care Visit: $25 copay

Specialist Visit: $60 copay

Urgent Care: $60 copay

Generic Drugs: $20 copay

Premium Range
Low: $414 (Rating Area 6)
High: $481 (Rating Area 3)



3 Counties: Adams, Benton, Klickitat

Metal Level: BRONZE

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

Premium Range
Low: $300 (Rating Area 1)
High: $360 (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

Metal Level: BRONZE

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

Premium Range
Low: $296 (Rating Area 1)
High: $356 (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

Metal Level: BRONZE

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

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

LIFEWISE HEALTH PLAN OF WASHINGTON

Metal Level: BRONZE

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

Premium Range
Low: $294 (Rating Area 1)
High: $354 (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

Metal Level: BRONZE

Plan Name: LifeWise Cascade Select Bronze

Plan Type: EPO

Deductible: $6,000

OOPM: $8,550

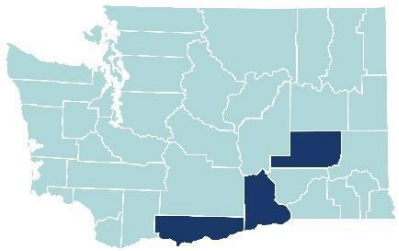
Primary Care Visit: $50 copay

Specialist Visit: $100 copay after deductible

Urgent Care: $100 copay

Generic Drugs: $32 copay

Premium Range
Low: $286 (Rating Area 6)
High: $332 (Rating Area 3)



3 Counties: Adams, Benton, Klickitat

MOLINA HEALTHCARE OF WASHINGTON, INC.

Metal Level:
GOLD

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)

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

Metal Level:
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)

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

MOLINA HEALTHCARE OF WASHINGTON, INC.

Metal Level: SILVER

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

Premium Range:
Low: $364 (Rating Area 4)
High: $416 (Rating Area 2)

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

Metal Level: SILVER

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

Premium Range:
Low: $362 (Rating Area 4)
High: $414 (Rating Area 2)

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

MOLINA HEALTHCARE OF WASHINGTON, INC.

Metal Level:
BRONZE

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

Premium Range:
Low: $266 (Rating Area 4)
High: $304 (Rating Area 2)

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

Metal Level:
BRONZE

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

Premium Range
Low: $271 (Rating Area 4)
High: $310 (Rating Area 2)

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

PACIFICSOURCE HEALTH PLANS

Metal Level: GOLD

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

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

4 Counties: Clark, Pierce, Spokane, Thurston

Metal Level: GOLD

Plan Name: PacificSource Cascade Gold

Plan Type: PPO

Deductible: $500

OOPM: $5,250

Primary Care Visit: $15 copay

Specialist Visit: $40 copay

Urgent Care: $35 copay

Generic Drugs: $10 copay

Premium: $525
(Rating Area 3, 4, 5)

4 Counties: Clark, Pierce, Spokane, Thurston

PACIFICSOURCE HEALTH PLANS

Metal Level: SILVER

Plan Name: Navigator Silver 5000

Plan Type: PPO

Deductible: $5,000

OOPM: $5,750

Primary Care Visit: $15 copay

Specialist Visit: $30 copay

Urgent Care: $15 copay

Generic Drugs: 30% Coinsurance after deductible

Premium: $484
(Rating Area 3, 4, 5)

4 Counties: Clark, Pierce, Spokane, Thurston

Metal Level: SILVER

Plan Name: PacificSource Cascade Silver

Plan Type: PPO

Deductible: $2,000

OOPM: $7,800

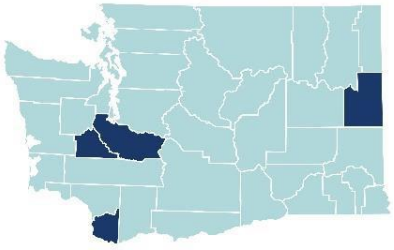
Primary Care Visit: $25 copay

Specialist Visit: $60 copay

Urgent Care: $60 copay

Generic Drugs: $20 copay

Premium: $502
(Rating Area 3, 4, 5)



4 Counties: Clark, Pierce, Spokane, Thurston

PACIFICSOURCE HEALTH PLANS

Metal Level: BRONZE

Plan Name: Navigator Bronze 7000

Plan Type: PPO

Deductible: $7,000

OOPM: $8,550

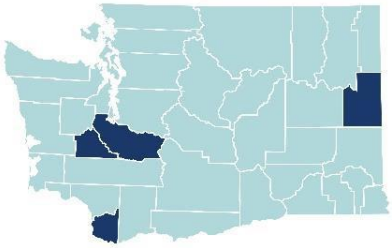
Primary Care Visit: $35 copay

Specialist Visit: 40% coinsurance after deductible

Urgent Care: $35 copay

Generic Drugs: 40% coinsurance after deductible

Premium: $353
(Rating Area 3, 4, 5)



4 Counties: Clark, Pierce, Spokane, Thurston

Metal Level: BRONZE

Plan Name: Navigator Bronze HSA 6900

Plan Type: PPO

Deductible: $6,900

OOPM: $6,900

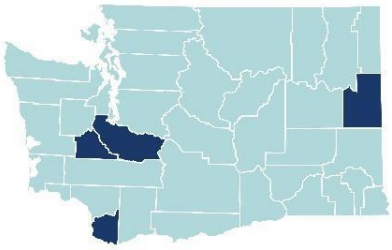
Primary Care Visit: No charge after deductible

Specialist Visit: No charge after deductible

Urgent Care: No charge after deductible

Generic Drugs: No charge after deductible

Premium: $348
(Rating Area 3, 4, 5)



4 Counties: Clark, Pierce, Spokane, Thurston

PACIFICSOURCE HEALTH PLANS

Metal Level: BRONZE

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

Premium: $358
(Rating Area 3, 4, 5)

4 Counties: Clark, Pierce, Spokane, Thurston

Metal Level: CATASTROPHIC

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

Premium: $235
(Rating Area 3, 4, 5)

4 Counties: Clark, Pierce, Spokane, Thurston

PREMERA BLUE CROSS

Plan Name: Premera Blue Cross Preferred Gold EPO

Metal Level:
GOLD

Plan Type: EPO

Deductible: $1,500

OOPM: $6,800

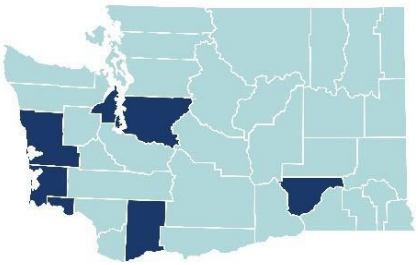
Primary Care Visit: $15 copay after two free visits

Specialist Visit: $45 copay

Urgent Care: $45 copay

Generic Drugs: $10 copay

Premium Range:
Low: $501 (Rating Area 6)
High: $560 (Rating Area 3)



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

Plan Name: Premera Blue Cross Cascade Gold

Metal Level:
GOLD

Plan Type: EPO

Deductible: $500

OOPM: $5,250

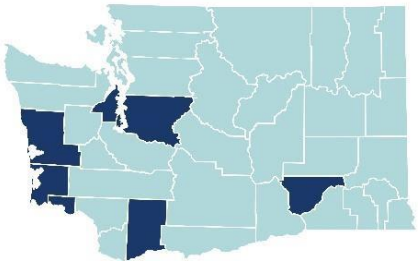
Primary Care Visit: $15 copay

Specialist Visit: $40 copay

Urgent Care: $35 copay

Generic Drugs: $10 copay

Premium Range:
Low: $572 (Rating Area 6)
High: $639 (Rating Area 3)



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

PREMERA BLUE CROSS

Metal Level:
SILVER

Plan Name: Premera Blue Cross Preferred Silver EPO

Plan Type: EPO

Deductible: $4,100

OOPM: $6,600

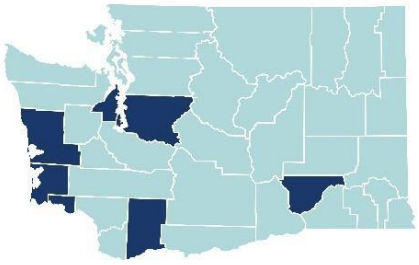
Primary Care Visit: $25 copay after two free visits

Specialist Visit: $60 copay

Urgent Care: $60 copay

Generic Drugs: $25 copay

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



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

Metal Level:
SILVER

Plan Name: Premera Blue Cross Cascade Silver

Plan Type: EPO

Deductible: $2,000

OOPM: $7,800

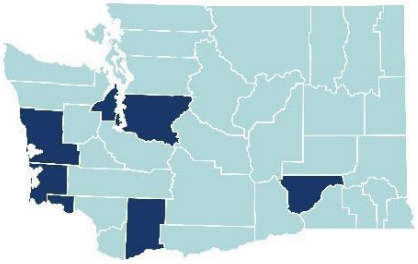
Primary Care Visit: $25 copay

Specialist Visit: $60 copay

Urgent Care: $60 copay

Generic Drugs: $20 copay

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



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

PREMERA BLUE CROSS

Metal Level:
BRONZE

Plan Name: Premera Blue Cross Preferred Bronze EPO

Plan Type: EPO

Deductible: $6,350

OOPM: $8,200

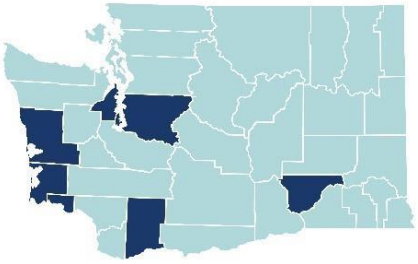
Primary Care Visit: $50 copay after two free visits

Specialist Visit: 40% coinsurance after deductible

Urgent Care: $60 copay

Generic Drugs: $30 copay

Premium Range:
Low: $342 (Rating Area 6)
High: $382 (Rating Area 3)



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

Metal Level:
BRONZE

Plan Name: Premera Blue Cross Preferred Bronze HSA EPO 6100

Plan Type: EPO

Deductible: $6,100

OOPM: $6,900

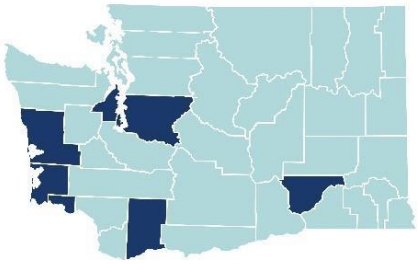
Primary Care Visit: 40% coinsurance after deductible

Specialist Visit: 40% coinsurance after deductible

Urgent Care: 40% coinsurance after deductible

Generic Drugs: 40% coinsurance after deductible

Premium Range:
Low: $339 (Rating Area 6)
High: $379 (Rating Area 3)



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

PREMERA BLUE CROSS

Metal Level:
BRONZE

Plan Name: Premera Blue Cross Cascade Bronze

Plan Type: EPO

Deductible: $6,000

OOPM: $8,550

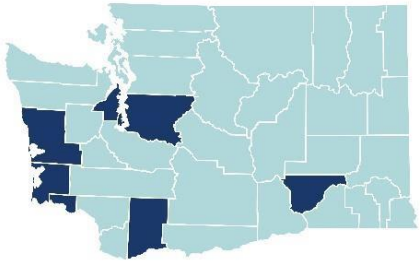
Primary Care Visit: $50 copay

Specialist Visit: $100 copay after deductible

Urgent Care: $100 copay

Generic Drugs: $32 copay

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



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

PROVIDENCE HEALTH PLAN

Metal Level:
GOLD

Plan Name: Providence Cascade Gold

Plan Type: EPO

Deductible: $500

OOPM: $5,250

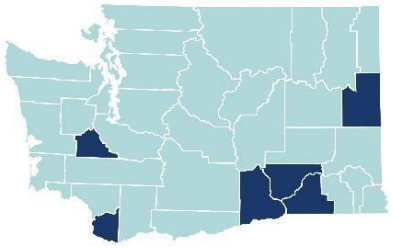
Primary Care Visit: $15 copay

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

Metal Level:
SILVER

Plan Name: Providence Cascade Silver

Plan Type: EPO

Deductible: $2,000

OOPM: $7,800

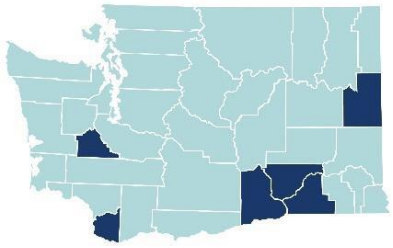
Primary Care Visit: $25 copay

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

PROVIDENCE HEALTH PLAN

Metal Level:
BRONZE

Plan Name: Providence Cascade Bronze

Plan Type: EPO

Deductible: $6,000

OOPM: $8,550

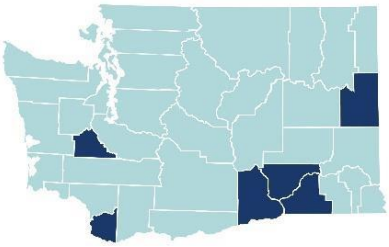
Primary Care Visit: $50 copay

Specialist Visit: $100 copay after deductible

Urgent Care: $100 copay

Generic Drugs: $32 copay

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



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

REGENCE BLUECROSS BLUESHIELD OF OREGON

Plan Name: Regence Cascade Gold

Metal Level:
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: $595
(Rating Area 3)

1 County: Clark

Plan Name: Alliance Silver 3000 Exchange EPO Legacy LHP

Metal Level:
SILVER

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: $489
(Rating Area 3)

1 County: Clark

REGENCE BLUECROSS BLUESHIELD OF OREGON

Plan Name: Regence Cascade Silver

Metal Level:
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: $507
(Rating Area 3)

1 County: Clark

Plan Name: Alliance Bronze HDHP 5700 Exchange EPO Legacy LHP

Metal Level:
BRONZE

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: $343
(Rating Area 3)

1 County: Clark

REGENCE BLUECROSS BLUESHIELD OF OREGON

Metal Level:
BRONZE

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

Metal Level:
BRONZE

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

REGENCE BLUECROSS BLUESHIELD OF OREGON

Plan Name: Regence Cascade Bronze

Metal Level:
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: $347
(Rating Area 3)

1 County: Clark

REGENCE BLUESHIELD

Plan Name: Regence Cascade Gold Individual and Family Network

Metal Level: 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: $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

Metal Level: SILVER

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

REGENCE BLUESHIELD

Metal Level:
SILVER

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

Metal Level:
BRONZE

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

Metal Level:
BRONZE

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

Premium Range:
Low: $296 (Rating Area 1)
High: $331 (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

Metal Level:
BRONZE

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

Premium Range:
Low: $311 (Rating Area 1)
High: $348 (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

Metal Level:
BRONZE

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

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

UNITEDHEALTHCARE OF OREGON, INC.

Metal Level:
GOLD

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

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

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

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

Metal Level:
SILVER

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

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

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

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

UNITEDHEALTHCARE OF OREGON, INC.

Metal Level:
BRONZE

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

Premium Range:
Low: $319 (Rating Area 4)
High: $367 (Rating Area 1,2)

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

PEDIATRIC 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+ children

Dental Cleaning: No charge

Filling (Amalgam): 30% coinsurance after deductible

X-rays: No charge

Monthly Premium
Child - $43.80

All Washington Counties

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

PEDIATRIC DENTAL

Plan Name: LifeWise Individual Pediatric Dental Plan

Monthly Premium
Child - $29.81

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

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: Premera Blue Cross Individual Pediatric Dental Plan

Monthly Premium
Child - $29.81

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

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

FAMILY DENTAL

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

All Washington Counties

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

FAMILY DENTAL

Plan Name: LifeWise Family Dental Plan

Monthly Premium
Child - $30.08
Adult - $35.42

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

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

APPENDIX I

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

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

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

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

APPENDIX I

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 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

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

APPENDIX II

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

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click. compare. covered.