

# 2019 Qualified Health Plan and Qualified Dental Plan Certification Requests

September 2018

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# SUMMARY OF INDIVIDUAL MARKET

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## Overview

|             |                    |
|-------------|--------------------|
| 7 Issuers   | 40 Individual QHPs |
| 38 Renewals | 2 New              |

## Gold

|            |          |
|------------|----------|
| 7 Issuers  | 10 Plans |
| 9 Renewals | 1 New    |

## Silver

|             |          |
|-------------|----------|
| 7 Issuers   | 17 Plans |
| 17 Renewals | 0 New    |

## Bronze

|             |          |
|-------------|----------|
| 5 Issuers   | 11 Plans |
| 10 Renewals | 1 New    |

## Catastrophic

|            |         |
|------------|---------|
| 2 Issuers  | 2 Plans |
| 2 Renewals | 0 New   |

# SUMMARY OF DENTAL MARKET

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## Family Dental

|           |                   |
|-----------|-------------------|
| 2 Issuers | 2 Individual QDPs |
| 1 Low     | 1 High            |
| 1 Renewal | 1 New             |

## Pediatric Dental

|            |                   |
|------------|-------------------|
| 4 Issuers  | 4 Individual QDPs |
| 2 Low      | 2 High            |
| 4 Renewals | 0 New             |

# AT-A-GLANCE

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**1**

All counties have individual health and dental plan coverage.

**2**

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

**3**

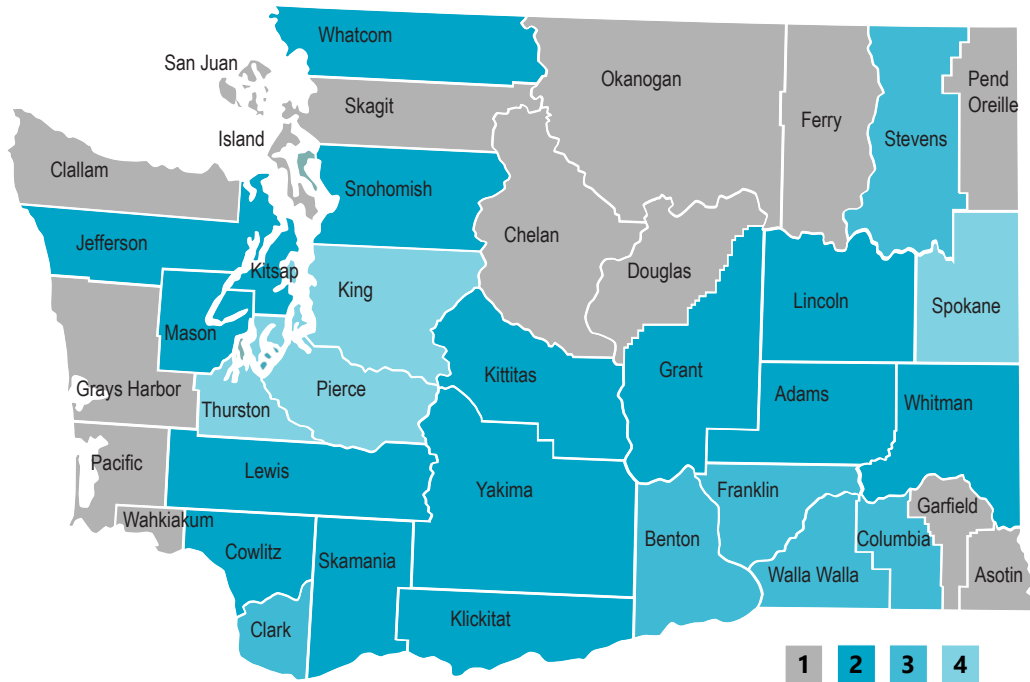
92% of Exchange consumers will have the choice of two or more issuers.

**4**

26 plans offer primary care visits with a copay, not subject to the deductible.

# NUMBER OF ISSUERS BY COUNTY

2019



One Issuer:

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

Two Issuers:

Adams, Cowlitz, Grant, Jefferson, Klickitat, Lewis, Lincoln, Kitsap, Kittitas, Mason, Skamania, Snohomish, Whatcom, Whitman, Yakima

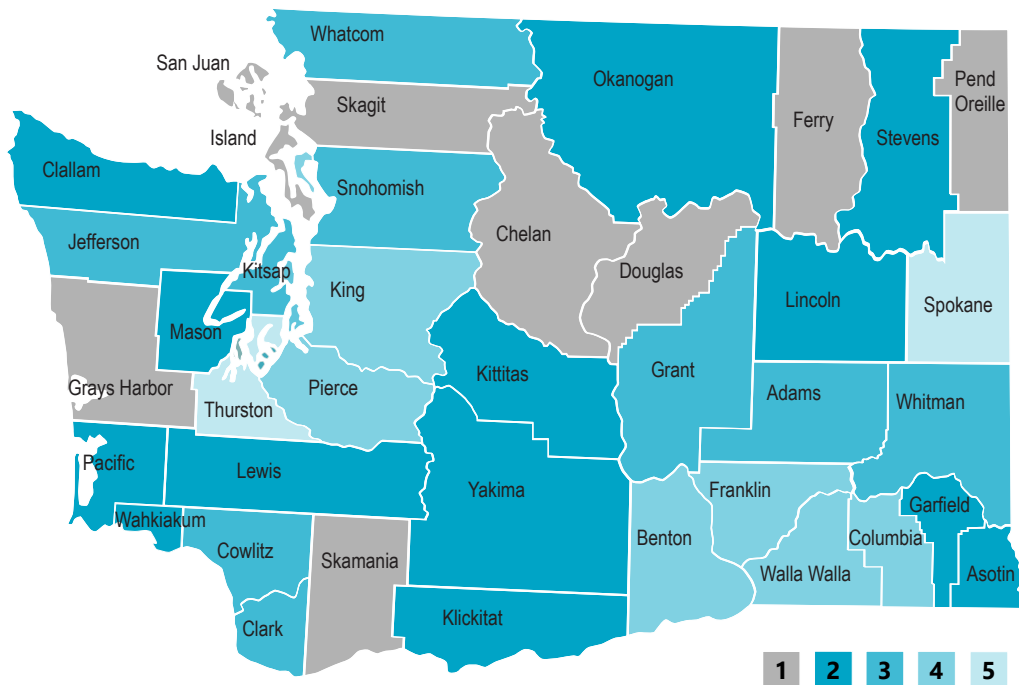
Three Issuers:

Benton, Clark, Columbia, Franklin, Stevens, Walla Walla

Four Issuers:

King, Pierce, Spokane, Thurston

2018



One Issuer:

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

Two Issuers:

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

Three Issuers:

Adams, Clark, Cowlitz, Grant, Jefferson, Kitsap, Snohomish, Whatcom, Whitman

Four Issuers:

Benton, Columbia, Franklin, King, Pierce, Walla Walla

Five Issuers:

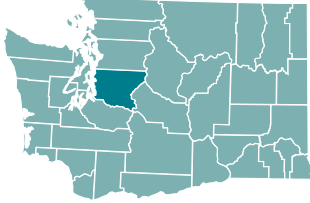
Spokane, Thurston

# RATING AREAS AND RATE INFORMATION

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## Area 1

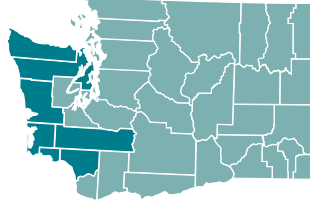
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One County: King

## Area 2

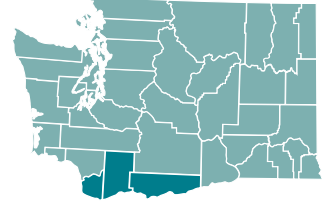
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Eight Counties: Cowlitz, Clallam, Grays Harbor, Jefferson, Lewis, Kitsap, Pacific, Wahkiakum

## Area 3

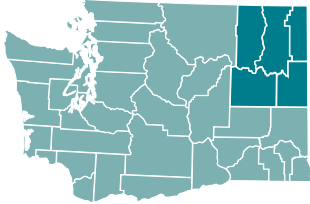
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Three Counties: Clark, Klickitat, Skamania

## Area 4

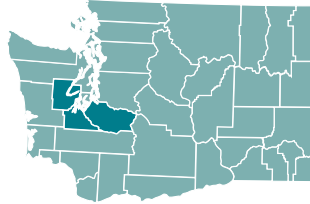
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Five Counties: Ferry, Lincoln, Pend Oreille, Spokane, Stevens

## Area 5

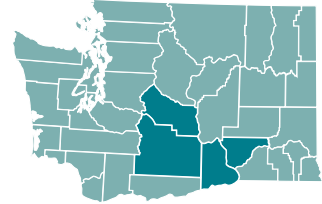
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Three Counties: Mason, Pierce, Thurston

## Area 6

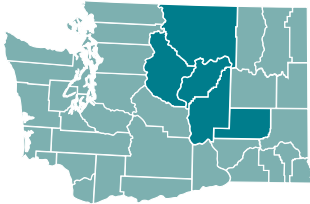
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Four Counties: Benton, Franklin, Kittitas, Yakima

## Area 7

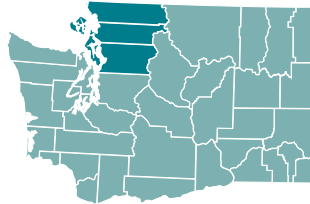
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Five Counties: Adams, Chelan, Douglas, Grant, Okanogan

## Area 8

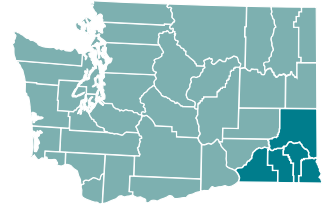
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Five Counties: Island, San Juan, Skagit, Snohomish, Whatcom

## Area 9

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

## RATE INFORMATION

All rates in this document are for a 40 year-old non-smoking individual.

# GOLD PLANS

## BRIDGESPAN

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

**Plan Type:** EPO

Monthly Premium  
\$537 (Rating Area 3)

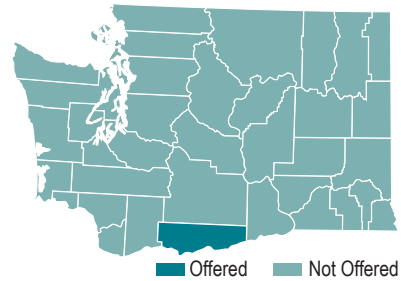
**Deductible:** \$1,200

**OOPM:** \$7,900

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

**Services Before Deductible:**

- 4 primary care visits at \$30 copay
- Generic drugs



1 County: Klickitat

## COORDINATED CARE

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

**Plan Type:** HMO

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

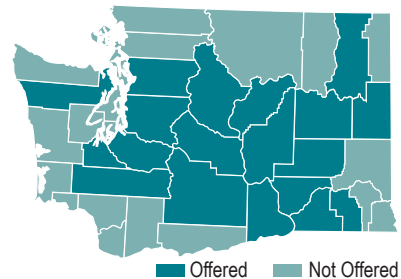
**Deductible:** \$1,000 medical, \$500 drug

**OOPM:** \$6,350

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

**Services Before Deductible:**

- 3 free primary care visits
- Generic drugs



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



# GOLD PLANS

## KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

**Plan Name:** KP WA Gold 0/20

**Plan Type:** EPO

**Deductible:** No deductible

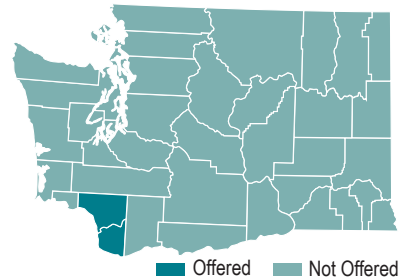
**OOPM:** \$7,250

**Primary Care:** \$20 copay

**Services Before Deductible:**

No deductible with this plan

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



2 Counties: Clark, Cowlitz

## KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

**Plan Name:** KP WA Gold 1000/20

**Plan Type:** EPO

**Deductible:** \$1,000

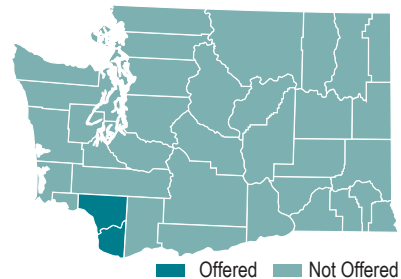
**OOPM:** \$7,000

**Primary Care:** \$20 copay

**Selected Services Before Deductible\*:**

- Primary care
- Specialist care
- Urgent care
- Mental/behavioral health visits
- Generic and preferred drugs

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



2 Counties: Clark, Cowlitz

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

# GOLD PLANS

## KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

**Plan Name:** Flex Gold - 19

**Plan Type:** HMO

**Deductible:** \$1,150

**OOPM:** \$6,500

**Primary Care:** \$15 copay after deductible

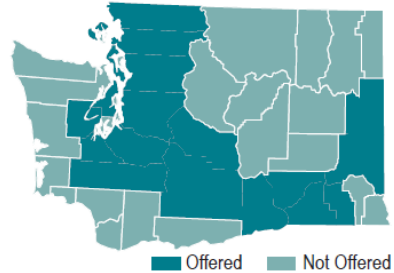
**Services Before Deductible\*:**

- Preferred generic drugs
- Preferred brand drugs
- Pre-and Post-natal visits

Premium Range

Low: \$474 (Rating Area 1)

High: \$546 (Rating Areas 2, 6, 8, 9)



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

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

## LIFEWISE

**Plan Name:** LifeWise Essential Gold EPO 1000

**Plan Type:** EPO

**Deductible:** \$1,000

**OOPM:** \$6,000

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

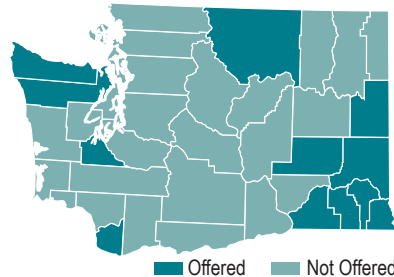
**Selected Services Before Deductible\*:**

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

Premium Range

Low: \$487 (Rating Area 4)

High: \$548 (Rating Area 3)



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

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

# GOLD PLANS

## MOLINA

**Plan Name:** Molina Marketplace Choice Gold Plan

**Plan Type:** HMO

**Deductible:** \$2,925 medical, \$0 drug

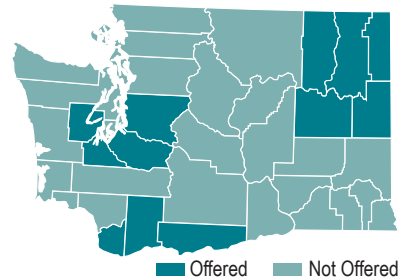
**OOPM:** \$5,000

**Primary Care:** \$10 copay

**Selected Services Before Deductible\*:**

- Primary care
- Specialist care
- Urgent care
- Mental/behavioral health visits
- Generic and preferred drugs

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



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

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

## PREMERA

**Plan Name:** Premera Blue Cross PersonalCare Gold

**Plan Type:** EPO

**Deductible:** \$1,500

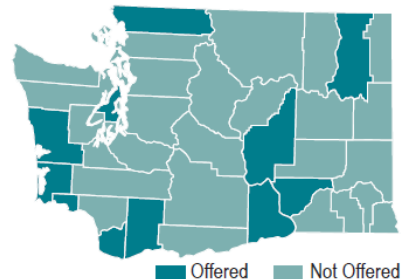
**OOPM:** \$6,800

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

**Selected Services Before Deductible\*:**

- 2 free primary care visits
- Primary care
- Specialist care
- Urgent care
- Generic drugs

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



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

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

# GOLD PLANS

## PREMERA

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

**Plan Type:** EPO

**Deductible:** \$1,500

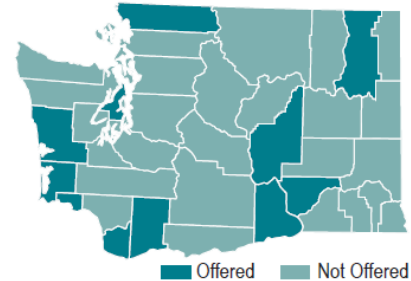
**OOPM:** \$6,800

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

**Selected Services Before Deductible\*:**

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

Premium Range  
Low: \$600 (Rating Area 6)  
High: \$670 (Rating Area 3)



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

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

## PREMERA

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

**Plan Type:** EPO

**Deductible:** \$1,000

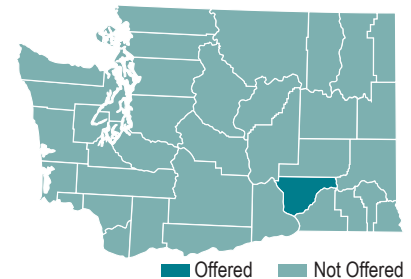
**OOPM:** \$6,800

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

**Selected Services Before Deductible\*:**

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

Monthly Premium  
\$631 (Rating Area 6)



1 County: Franklin

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

# SILVER PLANS

## BRIDGESPAN

**Plan Name:** Silver HDHP 3000 Exchange EPO RealValue

**Plan Type:** EPO

**Deductible:** \$3,000

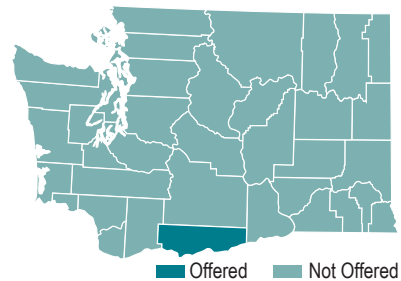
**OOPM:** \$6,750

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

**Services Before Deductible:**

No services available prior to deductible

Monthly Premium  
\$457 (Rating Area 3)



1 County: Klickitat

## COORDINATED CARE

**Plan Name:** Ambetter Balanced Care 1 (2019)

**Plan Type:** HMO

**Deductible:** \$5,500

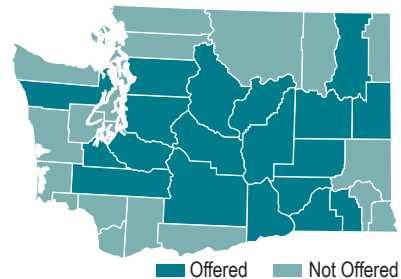
**OOPM:** \$6,500

**Primary Care:** \$30 copay

**Selected Services Before Deductible\*:**

- Primary care
- Specialist care
- Urgent care
- Mental/behavioral health visits
- Generic and preferred drugs

Premium Range  
Low: \$351 (Rating Area 2)  
High: \$401 (Rating Area 7)



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

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

# SILVER PLANS

## COORDINATED CARE

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

**Plan Type:** HMO

**Deductible:** \$5,500

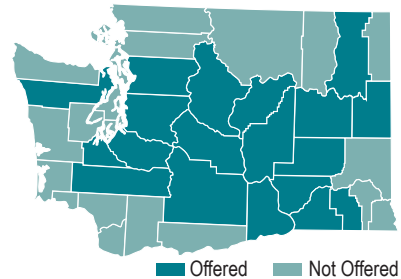
**OOPM:** \$6,500

**Primary Care:** \$30 copay

**Selected Services Before Deductible\*:**

- Primary care
- Specialist care
- Urgent care
- Mental/behavioral health visits
- Adult vision frames or lenses

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



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

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

## COORDINATED CARE

**Plan Name:** Ambetter Balanced Care 2 (2019)

**Plan Type:** HMO

**Deductible:** \$6,500

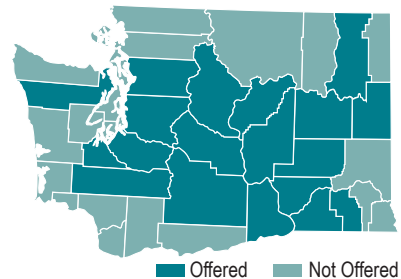
**OOPM:** \$6,500

**Primary Care:** \$30 copay

**Selected Services Before Deductible\*:**

- Primary care
- Specialist care
- Urgent care
- Mental/behavioral health visits
- Generic and preferred drugs

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



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

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

# SILVER PLANS

## COORDINATED CARE

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

**Plan Type:** HMO

**Deductible:** \$6,500

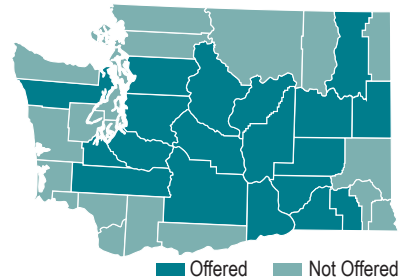
**OOPM:** \$6,500

**Primary Care:** \$30 copay

**Selected Services Before Deductible\*:**

- Primary care
- Specialist care
- Urgent care
- Mental/behavioral health visits
- Adult vision frames or lenses

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



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

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

## COORDINATED CARE

**Plan Name:** Ambetter Balanced Care 3 (2019)

**Plan Type:** HMO

**Deductible:** \$3,000

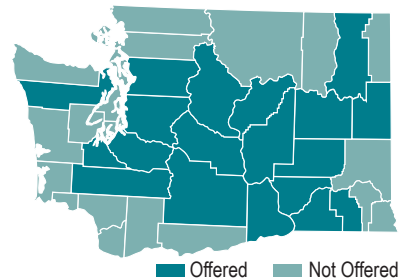
**OOPM:** \$6,750

**Primary Care:** \$30 copay

**Selected Services Before Deductible\*:**

- Primary care
- Specialist care
- Urgent care
- Mental/behavioral health visits
- Generic and preferred drugs

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



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

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

# SILVER PLANS

## COORDINATED CARE

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

**Plan Type:** HMO

**Deductible:** \$3,000

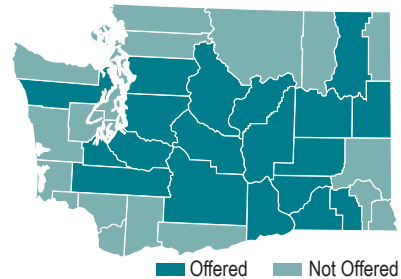
**OOPM:** \$6,750

**Primary Care:** \$30 copay

**Selected Services Before Deductible\*:**

- Primary care
- Specialist care
- Urgent care
- Mental/behavioral health visits
- Adult vision frames or lenses

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



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

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

## COORDINATED CARE

**Plan Name:** Ambetter Balanced Care 4 (2019)

**Plan Type:** HMO

**Deductible:** \$7,050

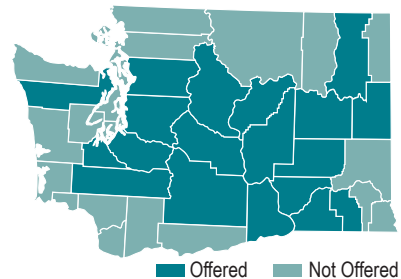
**OOPM:** \$7,050

**Primary Care:** \$30 copay

**Selected Services Before Deductible\*:**

- Primary care
- Specialist care
- Urgent care
- Mental/behavioral health visits
- Generic and preferred drugs

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



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

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



# SILVER PLANS

## KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

**Plan Name:** KP WA Silver 3500/30

**Plan Type:** EPO

**Deductible:** \$3,500

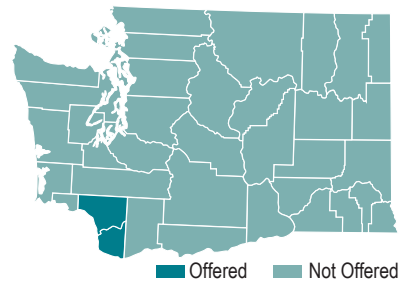
**OOPM:** \$7,750

**Primary Care:** \$30 copay

**Selected Services Before Deductible\*:**

- Primary care
- Specialist care
- Urgent care
- Mental/behavioral health visits
- Outpatient rehab visits

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



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

## KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

**Plan Name:** KP WA Silver 2500/30

**Plan Type:** EPO

**Deductible:** \$2,500

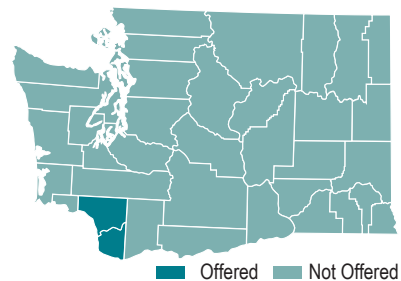
**OOPM:** \$7,750

**Primary Care:** \$30 copay

**Selected Services Before Deductible\*:**

- Primary care
- Specialist care
- Urgent care
- Mental/behavioral health visits
- Outpatient rehab visits

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



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

# SILVER PLANS

## KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

**Plan Name:** Flex Silver - 19

**Plan Type:** HMO

**Deductible:** \$2,000

**OOPM:** \$7,900

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

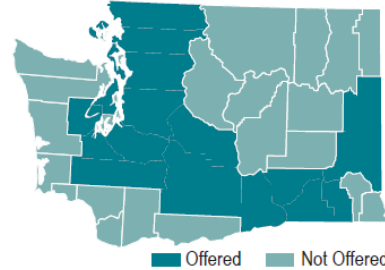
**Selected Services Before Deductible\*:**

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

Premium Range

Low: \$439 (Rating Area 1)

High: \$505 (Rating Areas 2, 6, 8, 9)



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

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

## KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

**Plan Name:** VisitsPlus Silver HD - 19

**Plan Type:** HMO

**Deductible:** \$7,150

**OOPM:** \$7,150

**Primary Care:** \$30 copay

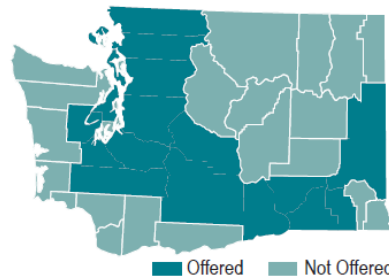
**Selected Services Before Deductible\*:**

- Primary care visits
- Specialty care visits
- Preferred generic drugs
- Preferred brand drugs
- Pre- and Post- natal visits

Premium Range

Low: \$450 (Rating Area 1)

High: \$517 (Rating Areas 6, 8, 9)



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

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

# SILVER PLANS

## LIFEWISE

**Plan Name:** LifeWise Essential Silver EPO 4000

**Plan Type:** EPO

**Deductible:** \$4,000

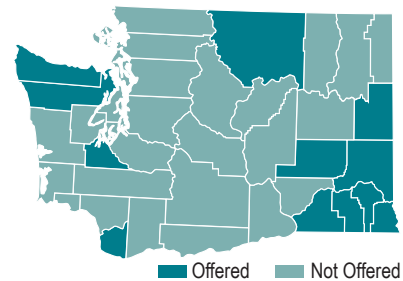
**OOPM:** \$7,350

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

**Selected Services Before Deductible\*:**

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

Premium Range  
Low: \$443 (Rating Area 4)  
High: \$499 (Rating Area 3)



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

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

## LIFEWISE

**Plan Name:** LifeWise Essential Silver EPO HSA 3000

**Plan Type:** EPO

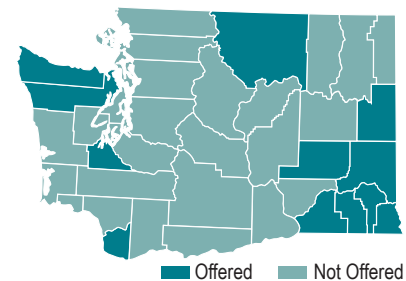
**Deductible:** \$3,000

**OOPM:** \$6,600

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

**Services Before Deductible:**

- Diabetes care management
- Diabetes education
- Nutritional counseling



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

# SILVER PLANS

## MOLINA

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

**Plan Type:** HMO

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

**OOPM:** \$7,900

**Primary Care:** \$30 copay

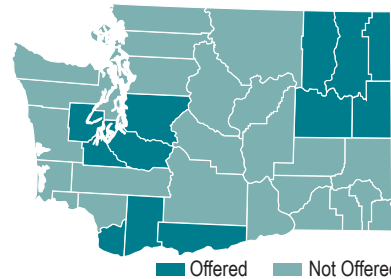
**Selected Services Before Deductible\*:**

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

Premium Range

Low: \$387 (Rating Area 4)

High: \$445 (Rating Areas 3, 5)



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

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

## PREMERA

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

**Plan Type:** EPO

**Deductible:** \$4,500

**OOPM:** \$7,350

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

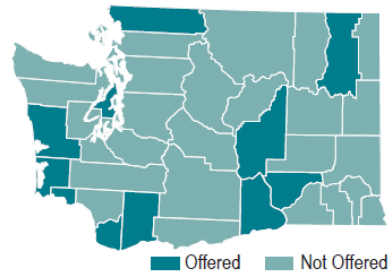
**Selected Services Before Deductible\*:**

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

Premium Range

Low: \$537 (Rating Area 6)

High: \$600 (Rating Area 3)



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

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

# SILVER PLANS

## PREMERA

**Plan Name:** Premera Blue Cross PersonalCare Silver

**Plan Type:** EPO

**Deductible:** \$4,500

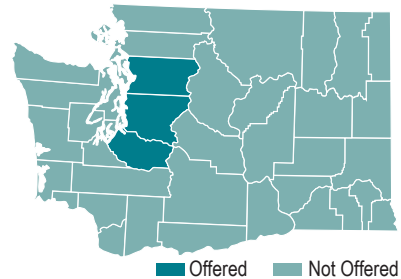
**OOPM:** \$7,350

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

**Selected Services Before Deductible\*:**

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

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



3 Counties: King, Pierce, Snohomish

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

# BRONZE PLANS

## BRIDGESPAN

**Plan Name:** Bronze HDHP 6000 Exchange EPO RealValue

**Plan Type:** EPO

**Deductible:** \$6,000

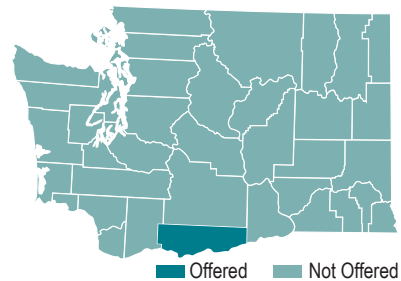
**OOPM:** \$6,750

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

**Services Before Deductible:**

No services available prior to the deductible

Monthly Premium  
\$331 (Rating Area 3)



## KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

**Plan Name:** KP Bronze 6500/50

**Plan Type:** EPO

**Deductible:** \$6,500

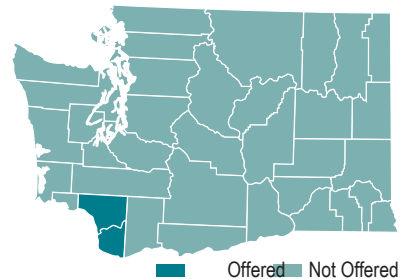
**OOPM:** \$7,750

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

**Services Before Deductible:**

- 2 primary care visits are covered
- Pre- and post- natal visits

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



# BRONZE PLANS

## KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

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

**Plan Type:** EPO

**Deductible:** \$5,700

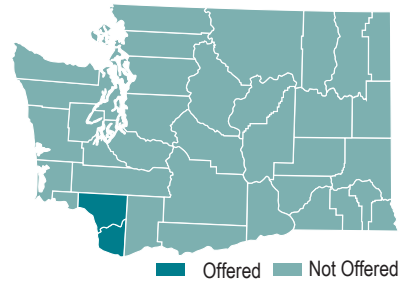
**OOPM:** \$6,550

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

**Services Before Deductible:**

- 3 primary care visits at \$50 copay
- Pre- and post- natal visits

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



2 Counties: Clark; Cowlitz

## KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

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

**Plan Type:** EPO

**Deductible:** \$5,000

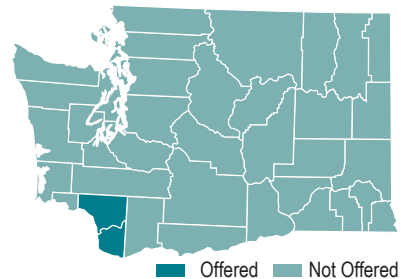
**OOPM:** \$7,750

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

**Services Before Deductible:**

- 3 primary care visits at \$50 copay
- Pre- and post- natal visits

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



2 Counties: Clark; Cowlitz

# BRONZE PLANS

## KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

**Plan Name:** Flex Bronze - 19

**Plan Type:** HMO

**Deductible:** \$5,500

**OOPM:** \$7,150

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

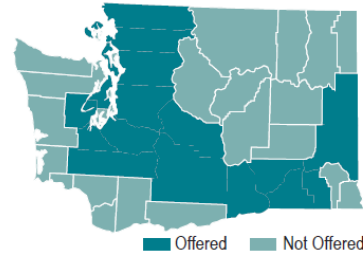
**Selected Services Before Deductible\*:**

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

Premium Range

Low: \$320 (Rating Area 1)

High: \$368 (Rating Areas 2, 6, 8, 9)



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

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

## KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

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

**Plan Type:** HMO

**Deductible:** \$4,750

**OOPM:** \$6,550

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

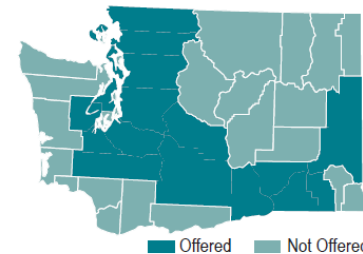
**Services Before Deductible:**

- Pre- and post- natal visits

Premium Range

Low: \$319 (Rating Area 1)

High: \$367 (Rating Areas 2,6, 8, 9)



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



# BRONZE PLANS

## LIFEWISE

**Plan Name:** LifeWise Essential Bronze EPO 6350

**Plan Type:** EPO

**Deductible:** \$6,350

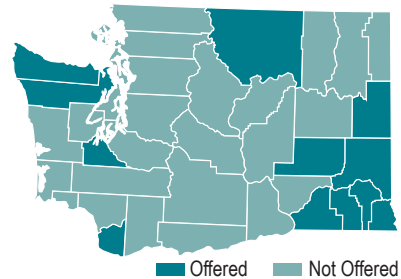
**OOPM:** \$7,850

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

**Selected Services Before Deductible\*:**

- 2 free primary care visits
- Primary care
- Urgent care
- Diabetes care management

**Premium Range**  
Low: \$335 (Rating Area 4)  
High: \$377 (Rating Area 3)



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

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

## PREMERA

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

**Plan Type:** EPO

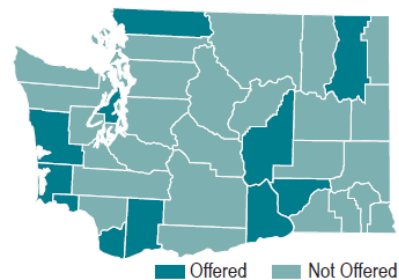
**Deductible:** \$5,250

**OOPM:** \$6,700

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

**Services Before Deductible:**

- Diabetes care management
- Diabetes education
- Nutritional counseling



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

# BRONZE PLANS

## PREMERA

**Plan Name:** Premera Blue Cross PersonalCare Bronze

**Plan Type:** EPO

**Deductible:** \$6,350

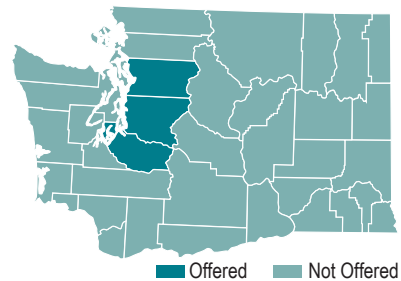
**OOPM:** \$7,850

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

**Services Before Deductible:**

- 2 free primary care visits
- Primary care
- Urgent care
- Diabetes care management

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



3 Counties: King, Pierce, Snohomish

## PREMERA

**Plan Name:** Premera Blue Cross PersonalCare Bronze HSA

**Plan Type:** EPO

**Deductible:** \$5,250

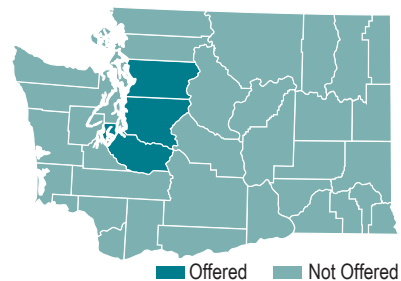
**OOPM:** \$6,700

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

**Services Before Deductible:**

- Diabetes care management
- Diabetes education
- Nutritional counseling

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



3 Counties: King, Pierce, Snohomish

# BRONZE PLANS

## PREMERA

**Plan Name:** Premera Blue Cross Preferred Bronze EPO 6350

**Plan Type:** EPO

**Deductible:** \$6,350

**OOPM:** \$7,850

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

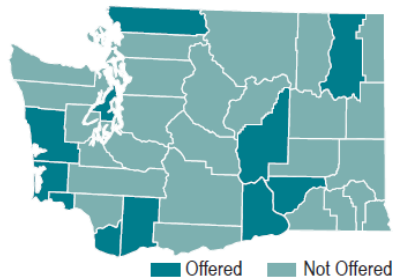
**Selected Services Before Deductible\*:**

- 2 free primary care visits
- Primary care
- Urgent care
- Diabetes care management

Premium Range

Low: \$411 (Rating Area 6)

High: \$459 (Rating Area 3)



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

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

# CATASTROPHIC PLANS

## KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

**Plan Name:** KP WA Catastrophic 7900/0

**Plan Type:** EPO

**Deductible:** \$7,900

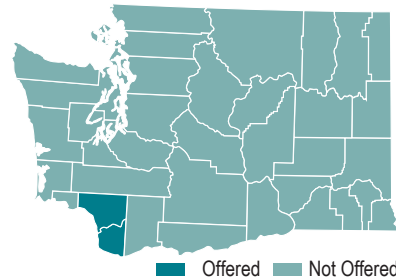
**OOPM:** \$7,900

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

**Services Before Deductible:**

- 3 no charge primary care visits

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



## KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

**Plan Name:** Core Basic Plus Catastrophic - 19

**Plan Type:** HMO

**Deductible:** \$7,900

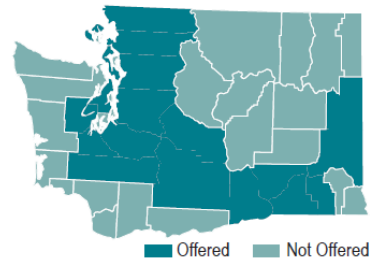
**OOPM:** \$7,900

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

**Services Before Deductible:**

- 3 no charge primary care visits
- Prenatal and postnatal care

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



# DENTAL PLANS

## DELTA DENTAL

**Plan Name:** Delta Dental Individual - Washington Kids Plan

**Plan Type:** Child-Only

**Coverage:** High

**Plan Type:** PPO

**Deductible:** \$85

**Annual Benefit Limit:** Unlimited

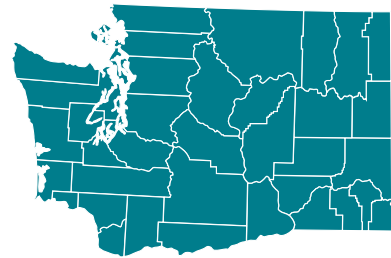
**OOPM:** \$350/child; \$700/2+

pediatric enrollees

**Monthly Premium**

Per Member:

**\$37.53**



All 39 Counties

## DELTA DENTAL

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

**Plan Type:** Family

**Coverage:** High

**Plan Type:** PPO

**Deductible:** \$85/ pediatric enrollee; \$50 adult enrollee

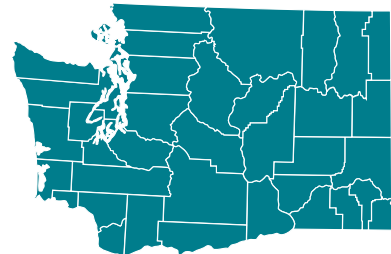
**Annual Benefit Limit:** Unlimited for pediatric; \$1,000 / adult

**OOPM:** \$350/child; \$700/2+ pediatric enrollees; N/A for adult

**Monthly Premium**

Premium- Child: **\$40.86**

Premium- Adult: **\$38.08**



All 39 Counties

# DENTAL PLANS

## DENEGRA DENTAL

**Plan Name:** Dentegra Dental PPO Family Basic Plan

**Plan Type:** Family

**Coverage:** Low

**Plan Type:** PPO

**Deductible:** \$75 pediatric enrollee; \$50 adult enrollee

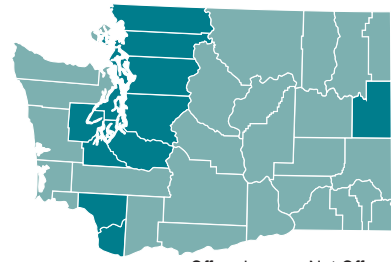
**Annual Benefit Limit:** Unlimited for pediatric; \$1,000 / adult

**OOPM:** \$350/child; \$700/2+ pediatric enrollees; N/A for adult

**Monthly Premium**

Premium- Child: **\$31.53**

Premium- Adult: **\$26.43**



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

## KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

**Plan Name:** KP WA Pediatric Dental 100

**Plan Type:** Child-Only

**Coverage:** High

**Plan Type:** PPO

**Deductible:** \$50

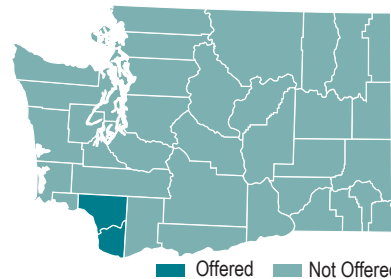
**Annual Benefit Limit:** Unlimited

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

**Monthly Premium**

Per Member:

**\$25.89**



2 Counties: Clark, Cowlitz

# DENTAL PLANS

## LIFEWISE

**Plan Name:** LifeWise Individual Pediatric Dental Plan

**Plan Type:** Child-Only

**Coverage:** High

**Plan Type:** PPO

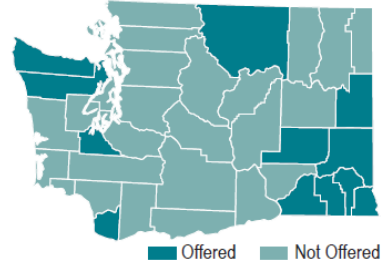
**Deductible:** \$65

**Annual Benefit Limit:** Unlimited

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

**Monthly Premium**

Per Member:  
**\$33.17**



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

## PREMERA

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

**Plan Type:** Child-Only

**Coverage:** Low

**Plan Type:** PPO

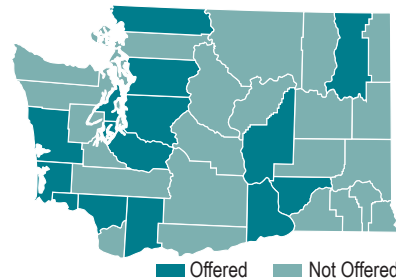
**Deductible:** \$65

**Annual Benefit Limit:** Unlimited

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

**Monthly Premium**

Per Member:  
**\$33.17**



14 Counties: Benton, Cowlitz, Franklin, Grant, Grays Harbor, King, Kitsap, Pacific, Pierce, Skamania, Snohomish, Stevens, Wahkiakum, Whatcom

# APPENDIX I

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All plans listed have met the 19 certification criteria.

## **INDIVIDUAL MARKET**

### **BridgeSpan Health Company**

Gold Essential 1200 Exchange EPO RealValue  
Silver HDHP 3000 Exchange EPO RealValue  
Bronze HDHP 6000 Exchange EPO RealValue

### **Coordinated Care**

Ambetter Secure Care 1 (2019) with 3 Free PCP Visits  
Ambetter Balanced Care 1 (2019)  
Ambetter Balanced Care 1 (2019) + Vision  
Ambetter Balanced Care 2 (2019)  
Ambetter Balanced Care 2 (2019) + Vision  
Ambetter Balanced Care 3 (2019)  
Ambetter Balanced Care 3 (2019) + Vision  
Ambetter Balanced Care 4 (2019)

### **Kaiser Foundation Health Plan of the Northwest**

KP WA Gold 0/20  
KP WA Gold 1000/20  
KP WA Silver 3500/30  
KP WA Silver 2500/30  
KP Bronze 6500/50  
KP WA Bronze 5700/30% HSA  
KP WA Bronze 5000/50  
KP WA Catastrophic 7900/0

### **Kaiser Foundation Health Plan of Washington**

Flex Gold - 19  
Flex Silver - 19  
VisitsPlus Silver HD - 19  
Flex Bronze - 19  
Core Bronze HSA - 19  
Core Basic Plus Catastrophic - 19

### **LifeWise Health Plan of Washington**

LifeWise Essential Gold EPO 1000  
LifeWise Essential Silver EPO 4000  
LifeWise Essential Silver EPO HSA 3000  
LifeWise Essential Bronze EPO 6350

## **INDIVIDUAL MARKET**

### **Molina Healthcare of Washington**

Molina Marketplace Choice Gold Plan  
Molina Marketplace Choice Silver Plan

### **Premera Blue Cross**

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



# APPENDIX II

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All plans listed have met the 10 certification criteria.

## **DENTAL**

### **Delta**

Delta Dental Individual - Washington Kids Plan

Delta Dental Individual and Family - Washington Family (QDP)

### **Dentegra**

Dentegra Dental PPO Family Basic Plan

### **Kaiser Foundation Health Plan of the Northwest**

KP WA Pediatric Dental 100

### **LifeWise Health Plan of Washington**

LifeWise Individual Pediatric Dental Plan

### **Premera Blue Cross**

Premera Blue Cross Individual Pediatric Dental Plan

# APPENDIX III

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## Carriers by County

| <u>COUNTY/CARRIER</u>  | <u>2019 Carriers</u> | <u>COUNTY/CARRIER</u>   | <u>2019 Carriers</u> |
|--|----------------------|---|----------------------|
| <b>ADAMS</b><br>Coordinated Care<br>Lifewise                               | 2                    | <b>GRAYS HARBOR</b><br>Premera  | 1                    |
| <b>ASOTIN</b><br>Lifewise  | 1                    | <b>ISLAND</b><br>Kaiser Foundation of WA  | 1                    |
| <b>BENTON</b><br>Coordinated Care<br>Kaiser Foundation of WA<br>Premera    | 3                    | <b>JEFFERSON</b><br>Coordinated Care<br>Lifewise                                | 2                    |
| <b>CHELAN</b><br>Coordinated Care  | 1                    | <b>KING</b><br>Coordinated Care<br>Kaiser Foundation of WA<br>Molina<br>Premera | 4                    |
| <b>CLALLAM</b><br>Lifewise   | 1                    | <b>KITSAP</b><br>Kaiser Foundation of WA<br>Premera                             | 2                    |
| <b>CLARK</b><br>Kaiser of NW<br>Lifewise<br>Molina                         | 3                    | <b>KITTITAS</b><br>Coordinated Care<br>Kaiser Foundation of WA                  | 2                    |
| <b>COLUMBIA</b><br>Coordinated Care<br>Kaiser Foundation of WA<br>Lifewise | 3                    | <b>KLICKITAT</b><br>BridgeSpan<br>Molina  | 2                    |
| <b>COWLITZ</b><br>Kaiser of NW<br>Premera                                  | 2                    | <b>LEWIS</b><br>Coordinated Care<br>Kaiser Foundation of WA                     | 2                    |
| <b>DOUGLAS</b><br>Coordinated Care   | 1                    | <b>LINCOLN</b><br>Coordinated Care<br>Molina                                    | 2                    |
| <b>FERRY</b><br>Molina   | 1                    | <b>MASON</b><br>Kaiser Foundation of WA<br>Molina                               | 2                    |
| <b>FRANKLIN</b><br>Coordinated Care<br>Kaiser Foundation of WA<br>Premera  | 3                    | <b>OKANOGAN</b><br>Lifewise   | 1                    |
| <b>GARFIELD</b><br>Lifewise  | 1                    | <b>PACIFIC</b><br>Premera   | 1                    |
| <b>GRANT</b><br>Coordinated Care<br>Premera                                | 2                    | <b>PEND OREILLE</b><br>Molina   | 1                    |

# APPENDIX III (Cont'd)

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## Carriers by County

| <u>COUNTY/CARRIER</u>   | <u>2019 Carriers</u> | <u>COUNTY/CARRIER</u>   | <u>2019 Carriers</u> |
|-------------------------|----------------------|-------------------------|----------------------|
| <b>PIERCE</b>           | 4                    | <b>WHITMAN</b>          | 2                    |
| Coordinated Care        |                      | Kaiser Foundation of WA |                      |
| Kaiser Foundation of WA |                      | Lifewise                |                      |
| Molina                  |                      |                         |                      |
| Premera                 |                      | <b>YAKIMA</b>           | 2                    |
|                         |                      | Coordinated Care        |                      |
| <b>SAN JUAN</b>         | 1                    | Kaiser Foundation of WA |                      |
| Kaiser Foundation of WA |                      |                         |                      |
|                         |                      |                         |                      |
| <b>SKAGIT</b>           | 1                    |                         |                      |
| Kaiser Foundation of WA |                      |                         |                      |
|                         |                      |                         |                      |
| <b>SKAMANIA</b>         | 2                    |                         |                      |
| Molina                  |                      |                         |                      |
| Premera                 |                      |                         |                      |
|                         |                      |                         |                      |
| <b>SNOHOMISH</b>        | 3                    |                         |                      |
| Coordinated Care        |                      |                         |                      |
| Kaiser Foundation of WA |                      |                         |                      |
| Premera                 |                      |                         |                      |
|                         |                      |                         |                      |
| <b>SPOKANE</b>          | 4                    |                         |                      |
| Coordinated Care        |                      |                         |                      |
| Kaiser Foundation of WA |                      |                         |                      |
| Lifewise                |                      |                         |                      |
| Molina                  |                      |                         |                      |
|                         |                      |                         |                      |
| <b>STEVENS</b>          | 3                    |                         |                      |
| Coordinated Care        |                      |                         |                      |
| Molina                  |                      |                         |                      |
| Premera                 |                      |                         |                      |
|                         |                      |                         |                      |
| <b>THURSTON</b>         | 4                    |                         |                      |
| Coordinated Care        |                      |                         |                      |
| Kaiser Foundation of WA |                      |                         |                      |
| Lifewise                |                      |                         |                      |
| Molina                  |                      |                         |                      |
|                         |                      |                         |                      |
| <b>WAHKIAKUM</b>        | 1                    |                         |                      |
| Premera                 |                      |                         |                      |
|                         |                      |                         |                      |
| <b>WALLA WALLA</b>      | 3                    |                         |                      |
| Coordinated Care        |                      |                         |                      |
| Kaiser Foundation of WA |                      |                         |                      |
| Lifewise                |                      |                         |                      |
|                         |                      |                         |                      |
| <b>WHATCOM</b>          | 2                    |                         |                      |
| Kaiser Foundation of WA |                      |                         |                      |
| Premera                 |                      |                         |                      |

# APPENDIX IV

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

## **GOLD PLANS**

### **Gold Essential 1200 Exchange EPO RealValue**

4 primary care visits at \$30 copay, generic drugs, diabetes education

### **Ambetter Secure Care 1 (2019) with 3 Free PCP Visits**

3 free primary care visits; generic drugs

### **KP WA Gold 0/20**

No deductible is applicable with this health plan

### **KP WA Gold 1000/20**

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

### **Flex Gold - 19**

5 primary care visits at \$15 copay; pre- and post- natal visits, generic and preferred brand drugs

### **LifeWise Essential Gold EPO 1000**

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

### **Molina Marketplace Choice Gold**

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

### **Premera Blue Cross PersonalCare Gold**

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

### **Premera Blue Cross Preferred Gold EPO 1500**

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

### **Premera Blue Cross Preferred Gold EPO 1000**

2 free primary care visits, primary care, specialist visit, routine adult eye exam, urgent care, mental/behavioral health visits, generic and preferred brand drugs, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management

## **SILVER PLANS**

### **Silver HDHP 3000 Exchange EPO RealValue**

No services available prior to deductible

### **Ambetter Balanced Care 1 (2019)**

Primary care, Specialist visit, urgent care, pre- and post- natal visits, mental/behavioral health visits, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management, generic and preferred brand drugs

# APPENDIX IV (Cont'd)

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## **Ambetter Balanced Care 1 (2019) + Vision**

Primary care, Specialist visit, urgent care, pre- and post- natal visits, mental/behavioral health visits, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management, generic and preferred brand drugs, adult vision frames or lenses

## **Ambetter Balanced Care 2 (2019)**

Primary care, Specialist visit, urgent care, pre- and post-natal visits, mental/behavioral health visits, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management, generic and preferred brand drugs

## **Ambetter Balanced Care 2 (2019) + Vision**

Primary care, Specialist visit, urgent care, pre- and post-natal visits, mental/behavioral health visits, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management, generic and preferred brand drugs, adult vision frames or lenses

## **Ambetter Balanced Care 3 (2019)**

Primary care, Specialist visit, urgent care, pre- and post-natal visits, mental/behavioral health visits, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management, generic and preferred brand drugs

## **Ambetter Balanced Care 3 (2019) + Vision**

Primary care, Specialist visit, urgent care, pre- and post-natal visits, mental/behavioral health visits, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management, generic and preferred brand drugs, adult vision frames or lenses

## **Ambetter Balanced Care 4 (2019)**

Primary care, Specialist visit, urgent care, pre- and post-natal visits, mental/behavioral health visits, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management, generic and preferred brand drugs

## **KP WA Silver 3500/30**

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

## **KP WA Silver 2500/30**

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

## **Flex Silver - 19**

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

## **VisitsPlus Silver HD - 19**

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

## **LifeWise Essential Silver EPO 4000**

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

## **LifeWise Essential Silver EPO HSA 3000**

Diabetes education, nutritional counseling, diabetes care management

# APPENDIX IV (Cont'd)

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## **Molina Marketplace Choice Silver**

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

## **Premera Blue Cross Preferred Silver EPO 4500**

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

## **Premera Blue Cross PersonalCare Silver**

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

## **BRONZE PLANS**

### **Bronze HDHP 6000 Exchange EPO RealValue**

No services available prior to the deductible

### **KP WA Bronze 5700/30% HSA**

Pre-and post-natal visits

### **KP WA Bronze 6500/50**

2 \$50 primary care co-pays prior to deductible; pre-and post-natal visits

### **KP WA Bronze 5000/50**

3 \$50 primary care co-pays prior to deductible; pre-and post-natal visits

### **Flex Bronze - 19**

3 \$40 primary care co-pays prior to deductible; urgent care, adult routine eye exam,

-and post-natal care, acupuncture, dialysis, chemotherapy, radiation, diabetes education, infusion, treatment for TMJ, nutritional counseling, diabetes care management, generic drugs

### **LifeWise Essential Bronze EPO 6350**

2 visits prior to primary care cost sharing begins, primary care, urgent care, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management

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

Diabetes education, nutritional counseling, diabetes care management

### **Premera Blue Cross PersonalCare Bronze**

2 visits prior to primary care cost sharing begins, primary care, urgent care, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management

### **Premera Blue Cross PersonalCare Bronze H.S.A.**

Diabetes education, nutritional counseling, diabetes care management

### **Premera Blue Cross Preferred Bronze EPO 6350**

2 visits prior to primary care cost sharing begins, primary care, urgent care, chiropractic care, acupuncture, diabetes education, nutritional counseling, diabetes care management

