

2022 Qualified Health Plan and Qualified Dental Plan Certification Requests

September 2021



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SUMMARY OF EXCHANGE INDIVIDUAL MARKET

OVERVIEW

12 Issuers

120 Individual QHPs

Gold

12 Issuers

33 Plans

Silver

12 Issuers

33 Plans

Bronze

12 Issuers

52 Plans

Catastrophic

2 Issuer

2 Plans

Cascade Care

12 Issuers

42 Plans

Cascade Care Select

5 Issuers

15 Plans

SUMMARY OF EXCHANGE DENTAL MARKET

Family Dental

4 Issuers
2 Low

5 Individual QDPs
3 High

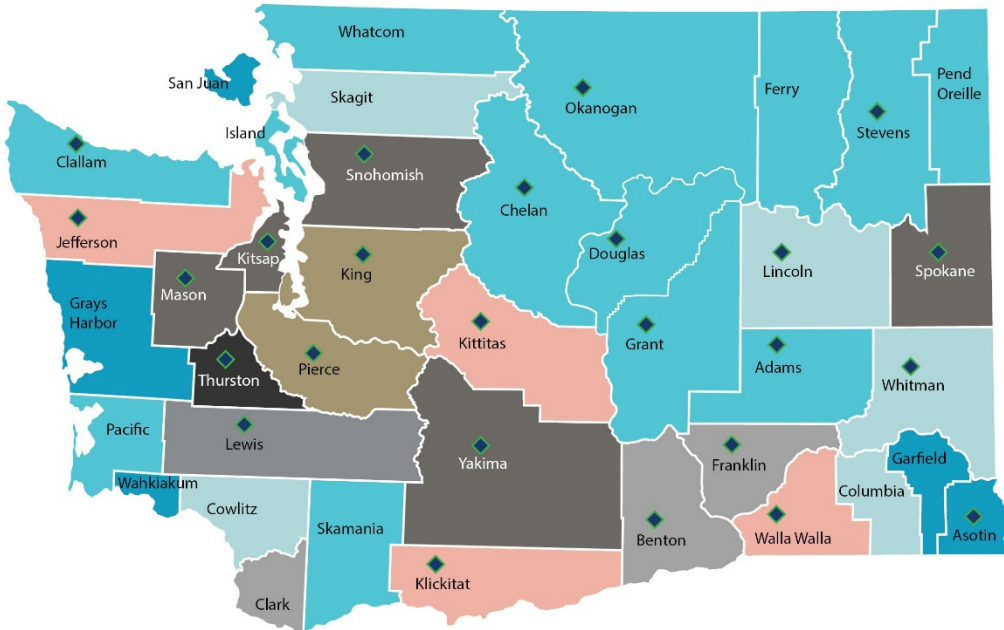
Pediatric Dental

5 Issuers
2 Low

5 Individual QDPs
3 High

NUMBER OF ISSUERS BY COUNTY

2022



Issuers Per County



◆ Cascade Care Select (Public Option) Plans Offered

Two Issuers:

Asotin, Garfield, Grays Harbor, San Juan, Wahkiakum

Three Issuers:

Adams, Chelan, Clallam, Douglas, Ferry, Grant, Island, Okanogan, Pacific, Pend Oreille, Skamania, Stevens, Whatcom

Four Issuers:

Columbia, Cowlitz, Lincoln Skagit, Whitman

Five Issuers:

Jefferson, Kittitas, Klickitat, Walla Walla

Six Issuers:

Benton, Clark, Franklin, Lewis,

Seven Issuers:

Kitsap, Mason, Snohomish, Spokane, Yakima

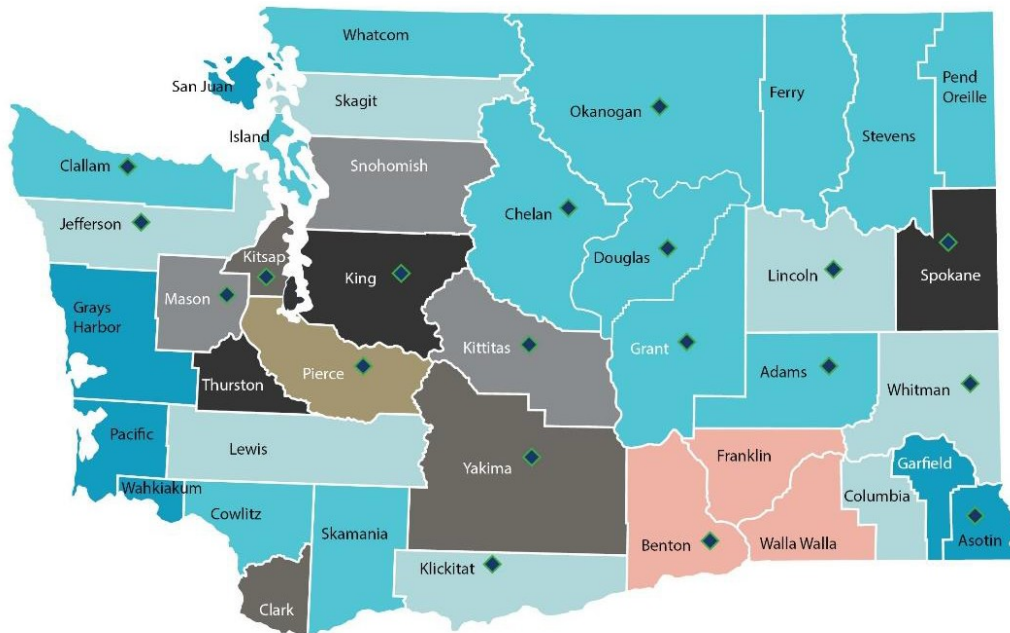
Eight Issuers:

Thurston

Nine Issuers:

King, Pierce

2021



Issuers Per County



◆ Cascade Care Select (Public Option) Plans Offered

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:

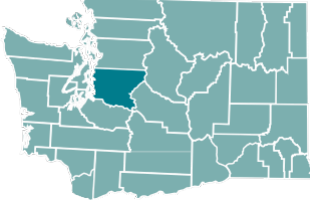
King, Spokane, Thurston

Nine Issuers:

Pierce

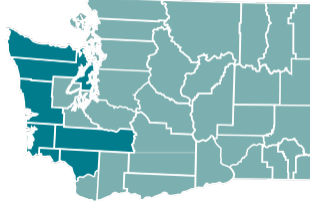
RATING AREAS AND RATE INFORMATION

Area 1



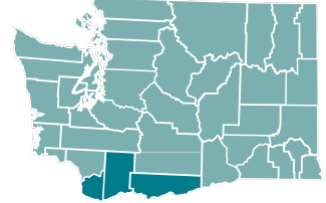
One County: King

Area 2



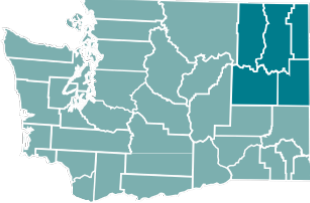
Eight Counties: Cowlitz, Clallam, Grays Harbor, Jefferson, Lewis, Kitsap, Pacific, Wahkiakum

Area 3



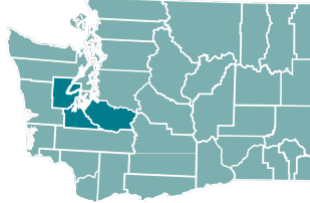
Three Counties: Clark, Klickitat, Skamania

Area 4



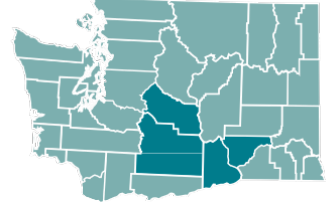
Five Counties: Ferry, Lincoln, Pend Oreille, Spokane, Stevens

Area 5



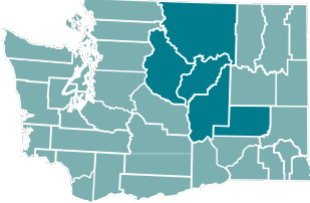
Three Counties: Mason, Pierce, Thurston

Area 6



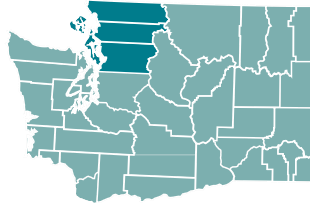
Four Counties: Benton, Franklin, Kittitas, Yakima

Area 7



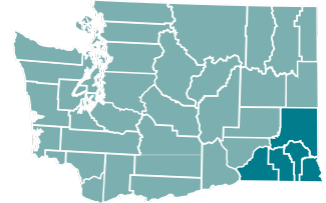
Five Counties: Adams, Chelan, Douglas, Grant, Okanogan

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: BridgeSpan Cascade Gold

Plan Type: EPO

Deductible: \$500 Medical / \$0 Drug

OOPM: \$5,250

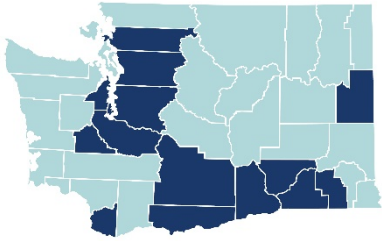
Primary Care Visit: \$15 copay

Specialist Visit: \$40 copay

Urgent Care: \$35 copay

Generic Drugs: \$10 copay

Premium:
Low: \$546 (Rating Area 4)
High: \$623 (Rating Area 2)



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

Metal Level:
GOLD

Plan Name: BridgeSpan Cascade Select Gold

Plan Type: EPO

Deductible: \$500 Medical / \$0 Drug

OOPM: \$5,250

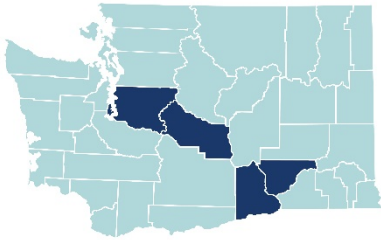
Primary Care Visit: \$15 copay

Specialist Visit: \$40 copay

Urgent Care: \$35 copay

Generic Drugs: \$10 copay

Premium:
Low: \$521 (Rating Area 1)
High: \$568 (Rating Area 6)



4 Counties: Benton, Franklin, King, Kittitas

BRIDGESPAN HEALTH COMPANY

Plan Name: BridgeSpan Cascade Silver

**Metal Level:
SILVER**

Plan Type: EPO

Deductible: \$2,000

OOPM: \$7,800

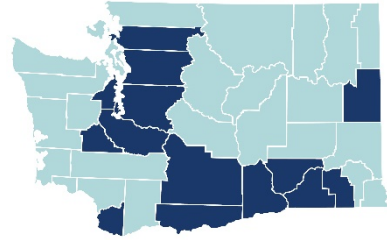
Primary Care Visit: \$25 copay

Specialist Visit: \$60 copay

Urgent Care: \$60 copay

Generic Drugs: \$20 copay

Premium:
Low: \$469 (Rating Area 4)
High: \$535 (Rating Area 2)



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

Plan Name: BridgeSpan Cascade Select Silver

**Metal Level:
SILVER**

Plan Type: EPO

Deductible: \$2,000

OOPM: \$7,800

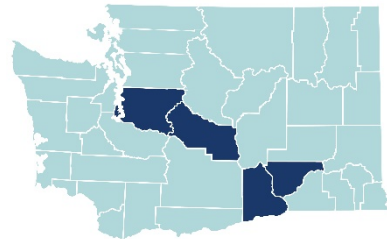
Primary Care Visit: \$25 copay

Specialist Visit: \$60 copay

Urgent Care: \$60 copay

Generic Drugs: \$20 copay

Premium:
Low: \$448 (Rating Area 1)
High: \$488 (Rating Area 6)



4 Counties: Benton, Franklin, King, Kittitas

BRIDGESPAN HEALTH COMPANY

Plan Name: Bronze HDHP 6500

**Metal Level:
BRONZE**

Plan Type: EPO

Deductible: \$6,500

OOPM: \$7,000

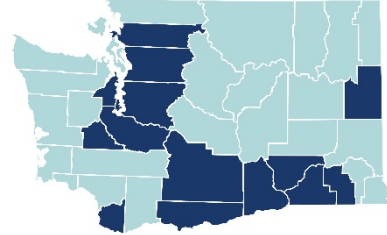
Primary Care Visit: 50% coinsurance after deductible

Specialist Visit: 50% coinsurance after deductible

Urgent Care: 50% coinsurance after deductible

Generic Drugs: 30% coinsurance after deductible

Premium Range:
Low: \$321 (Rating Area 4)
High: \$366 (Rating Area 2)



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

Plan Name: Bronze Care on Demand 8000

**Metal Level:
BRONZE**

Plan Type: EPO

Deductible: \$8,000

OOPM: \$8,700

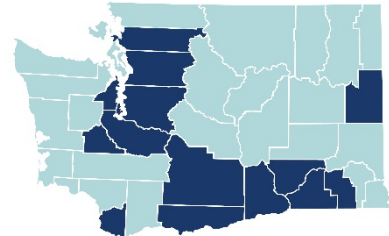
Primary Care Visit: 20% coinsurance after deductible

Specialist Visit: 20% coinsurance after deductible

Urgent Care: 20% coinsurance after deductible

Generic Drugs: \$15 copay

Premium Range:
Low: \$298 (Rating Area 4)
High: \$339 (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:
BRONZE

Plan Name: Bronze Essential 7500

Plan Type: EPO

Deductible: \$7,500

OOPM: \$8,700

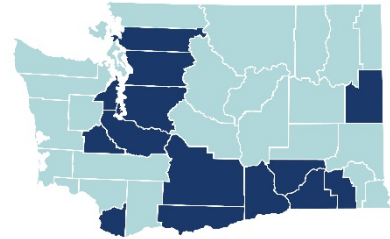
Primary Care Visit: \$60 copay with deductible/ 10% coinsurance after deductible

Specialist Visit: \$60 copay after deductible/ 10% coinsurance after deductible

Urgent Care: \$60 copay after deductible/ 10% coinsurance after deductible

Generic Drugs: \$15 copay

Premium Range:
Low: \$313 (Rating Area 4)
High: \$356 (Rating Area 2)



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

Metal Level:
BRONZE

Plan Name: BridgeSpan Cascade Select Bronze

Plan Type: EPO

Deductible: \$6,000

OOPM: \$8,550

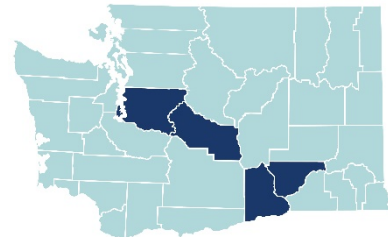
Primary Care Visit: \$50 copay

Specialist Visit: \$100 copay after deductible

Urgent Care: \$100 copay

Generic Drugs: \$32 copay

Premium:
Low: \$302 (Rating Area 1)
High: \$329 (Rating Area 6)



4 Counties: Benton, Franklin, King, Kittitas

BRIDGESPAN HEALTH COMPANY

Metal Level:
BRONZE

Plan Name: BridgeSpan Cascade Bronze

Plan Type: EPO

Deductible: \$6,000

OOPM: \$8,550

Primary Care Visit: \$50 copay

Specialist Visit: \$100 copay after deductible

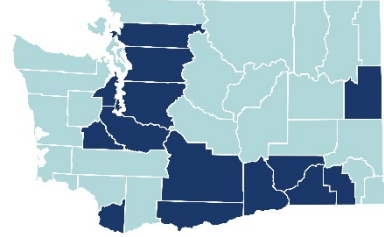
Urgent Care: \$100 copay

Generic Drugs: \$32 copay

Premium Range:

Low: \$316 (Rating Area 4)

High: \$361 (Rating Area 2)



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

COMMUNITY HEALTH NETWORK OF WASHINGTON

**Plan Name: Community Health Network of Washington
Cascade Select Gold**

**Metal Level:
GOLD**

Plan Type: EPO

Deductible: \$500 Medical / \$0 Drug

OOPM: \$5,250

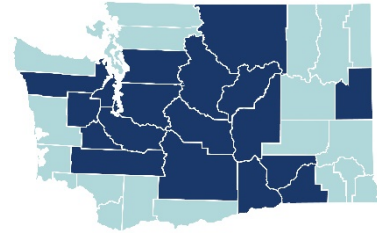
Primary Care Visit: \$15 copay

Specialist Visit: \$40 copay

Urgent Care: \$35 copay

Generic Drugs: \$10 copay

Premium Range:
Low: \$403 (Rating Area 6)
High: \$464 (Rating Area 2)



18 Counties: Benton, Chelan, Douglas, Franklin, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Mason, Okanogan, Pierce, Snohomish, Spokane, Thurston, Walla Walla; Yakima

**Plan Name: Community Health Network of Washington
Cascade Select Silver**

**Metal Level:
SILVER**

Plan Type: EPO

Deductible: \$2,000

OOPM: \$7,800

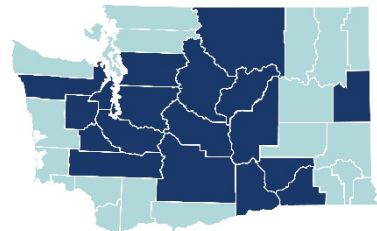
Primary Care Visit: \$25 copay

Specialist Visit: \$60 copay

Urgent Care: \$60 copay

Generic Drugs: \$20 copay

Premium Range:
Low: \$372 (Rating Area 6)
High: \$427 (Rating Area 2)



18 Counties: Benton, Chelan, Douglas, Franklin, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Mason, Okanogan, Pierce, Snohomish, Spokane, Thurston, Walla Walla; Yakima

COMMUNITY HEALTH NETWORK OF WASHINGTON

**Plan Name: Community Health Network of Washington
Cascade Select Bronze**

**Metal Level:
BRONZE**

Plan Type: EPO

Deductible: \$6,000

OOPM: \$8,550

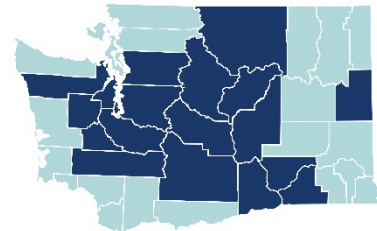
Primary Care Visit: \$50 copay

Specialist Visit: \$100 copay after deductible

Urgent Care: \$100 copay

Generic Drugs: \$32 copay

Premium Range:
Low: \$278 (Rating Area 6)
High: \$320 (Rating Area 2)



18 Counties: Benton, Chelan, Douglas, Franklin, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Mason, Okanogan, Pierce, Snohomish, Spokane, Thurston, Walla Walla; Yakima

COORDINATED CARE CORPORATION

Plan Name: Ambetter Secure Care 5

**Metal Level:
GOLD**

Plan Type: HMO

Premium Range:

Deductible: \$1,450

Low: \$396 (Rating Area 3)

High: \$483 (Rating Area 7)

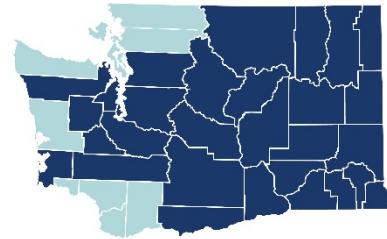
OOPM: \$6,300

Primary Care Visit: \$15 copay

Specialist Visit: \$35 copay

Urgent Care: \$35 copay

Generic Drugs: \$15 copay



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

Plan Name: Ambetter Secure Care 5 + Vision

**Metal Level:
GOLD**

Plan Type: HMO

Premium Range:

Deductible: \$1,450

Low: \$400 (Rating Area 3)

High: \$489 (Rating Area 7)

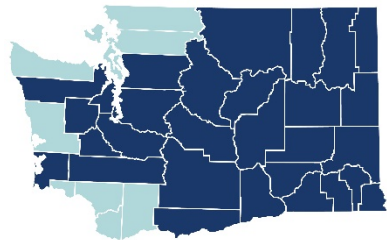
OOPM: \$6,300

Primary Care Visit: \$15 copay

Specialist Visit: \$35 copay

Urgent Care: \$35 copay

Generic Drugs: \$15 copay



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

COORDINATED CARE CORPORATION

Plan Name: Ambetter Secure Care 20

**Metal Level:
GOLD**

Plan Type: HMO

Deductible: \$750

OOPM: \$7,500

Primary Care Visit: \$35 copay

Specialist Visit: \$55 copay

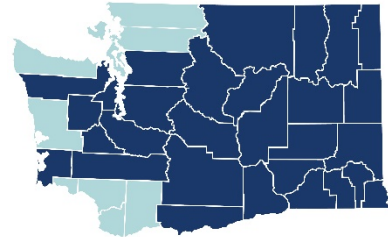
Urgent Care: \$35 copay

Generic Drugs: \$15 copay

Premium Range:

Low: \$372 (Rating Area 3)

High: \$454 (Rating Area 7)



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

Plan Name: Ambetter Secure Care 20 + Vision

**Metal Level:
GOLD**

Plan Type: HMO

Deductible: \$750

OOPM: \$7,500

Primary Care Visit: \$35 copay

Specialist Visit: \$55 copay

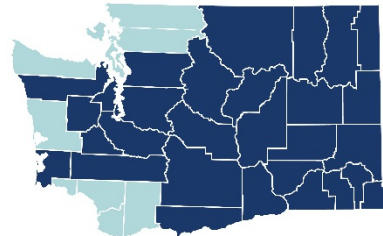
Urgent Care: \$35 copay

Generic Drugs: \$15 copay

Premium Range:

Low: \$376 (Rating Area 3)

High: \$459 (Rating Area 7)



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

COORDINATED CARE CORPORATION

Plan Name: Ambetter Cascade Gold

**Metal Level:
GOLD**

Plan Type: HMO

Premium Range:
Low: \$431 (Rating Area 3)
High: \$526 (Rating Area 7)

Deductible: \$500 Medical / \$0 Drug

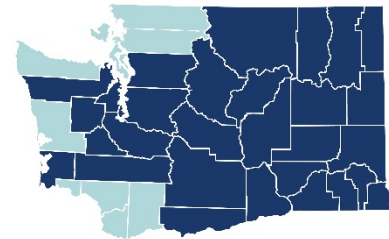
OOPM: \$5,250

Primary Care Visit: \$15 copay

Specialist Visit: \$40 copay

Urgent Care: \$35 copay

Generic Drugs: \$10 copay



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

Plan Name: Ambetter Cascade Select Gold

**Metal Level:
GOLD**

Plan Type: HMO

Premium Range:
Low: \$432 (Rating Area 4)
High: \$471 (Rating Area 5)

Deductible: \$500 Medical / \$0 Drug

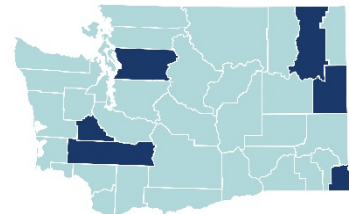
OOPM: \$5,250

Primary Care Visit: \$15 copay

Specialist Visit: \$40 copay

Urgent Care: \$35 copay

Generic Drugs: \$10 copay



6 Counties: Asotin, Lewis, Snohomish, Spokane, Stevens, Thurston

COORDINATED CARE CORPORATION

Plan Name: Ambetter Balanced Care 1

**Metal Level:
SILVER**

Plan Type: HMO

Premium Range:

Low: \$355 (Rating Area 3)

High: \$433 (Rating Area 7)

Deductible: \$5,650

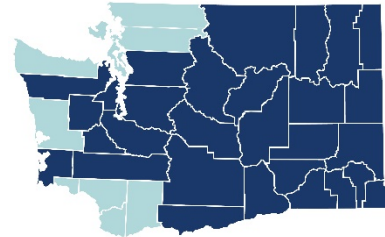
OOPM: \$7,500

Primary Care Visit: \$30 copay

Specialist Visit: \$60 copay

Urgent Care: \$60 copay

Generic Drugs: \$10 copay



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

Plan Name: Ambetter Balanced Care 4

**Metal Level:
SILVER**

Plan Type: HMO

Premium Range:

Low: \$358 (Rating Area 3)

High: \$437 (Rating Area 7)

Deductible: \$6,900

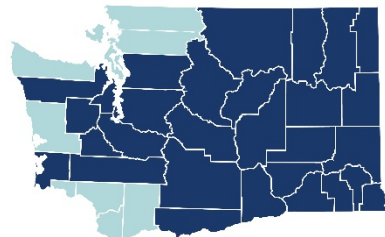
OOPM: \$6,900

Primary Care Visit: \$30 copay

Specialist Visit: \$60 copay

Urgent Care: \$60 copay

Generic Drugs: \$15 copay



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

COORDINATED CARE CORPORATION

Plan Name: Ambetter Balanced Care 1 + Vision

**Metal Level:
SILVER**

Plan Type: HMO

Deductible: \$5,650

OOPM: \$7,500

Primary Care Visit: \$30 copay

Specialist Visit: \$60 copay

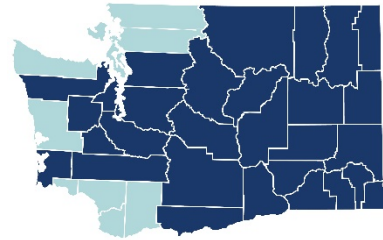
Urgent Care: \$60 copay

Generic Drugs: \$10 copay

Premium Range:

Low: \$359 (Rating Area 3)

High: \$438 (Rating Area 7)



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

Plan Name: Ambetter Balanced Care 4 + Vision

**Metal Level:
SILVER**

Plan Type: HMO

Deductible: \$6,900

OOPM: \$6,900

Primary Care Visit: \$30 copay

Specialist Visit: \$60 copay

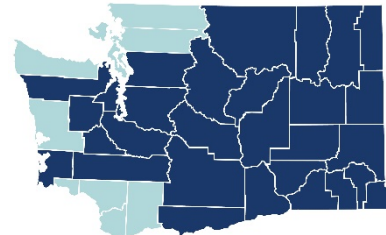
Urgent Care: \$60 copay

Generic Drugs: \$15 copay

Premium Range:

Low: \$362 (Rating Area 3)

High: \$442 (Rating Area 7)



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

COORDINATED CARE CORPORATION

Plan Name: Ambetter Cascade Silver

**Metal Level:
SILVER**

Plan Type: HMO

Premium Range:
Low: \$404 (Rating Area 3)
High: \$493 (Rating Area 7)

Deductible: \$2,000

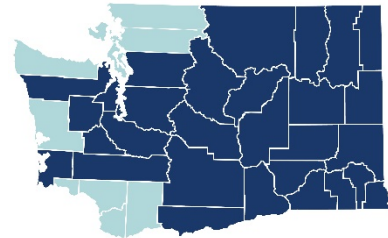
OOPM: \$7,800

Primary Care Visit: \$25 copay

Specialist Visit: \$60 copay

Urgent Care: \$60 copay

Generic Drugs: \$20 copay



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

Plan Name: Ambetter Cascade Select Silver

**Metal Level:
SILVER**

Plan Type: HMO

Deductible: \$2,000

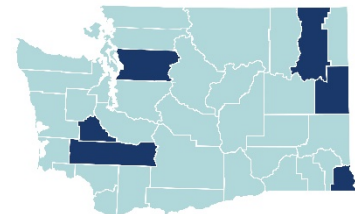
OOPM: \$7,800

Primary Care Visit: \$25 copay

Specialist Visit: \$60 copay

Urgent Care: \$60 copay

Generic Drugs: \$20 copay



6 Counties: Asotin, Lewis, Snohomish, Spokane, Stevens, Thurston

COORDINATED CARE CORPORATION

Plan Name: Ambetter Essential Care 1

**Metal Level:
BRONZE**

Plan Type: HMO

Deductible: \$8,600

OOPM: \$8,600

Primary Care Visit: No charge after deductible

Specialist Visit: No charge after deductible

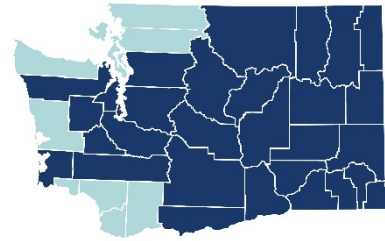
Urgent Care: \$60 copay

Generic Drugs: \$25 copay

Premium Range:

Low: \$265 (Rating Area 3)

High: \$323 (Rating Area 7)



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

Plan Name: Ambetter Essential Care: \$0 Medical Deductible

**Metal Level:
BRONZE**

Plan Type: HMO

Deductible: \$0 Medical; \$3,800 Drug

OOPM: \$8,700

Primary Care Visit: \$45 copay

Specialist Visit: \$115 copay

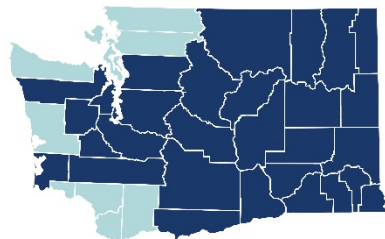
Urgent Care: \$60 copay

Generic Drugs: \$35 copay

Premium Range:

Low: \$323 (Rating Area 3)

High: \$395 (Rating Area 7)



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

COORDINATED CARE CORPORATION

Plan Name: Ambetter Essential Care: \$0 Medical Deductible + Vision

Plan Type: HMO

Deductible: \$0 Medical; \$3,800 Drug

OOPM: \$8,700

Primary Care Visit: \$45 copay

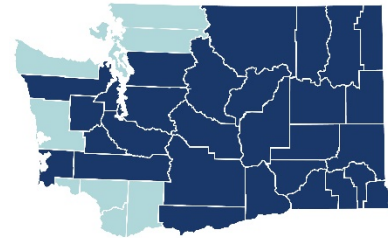
Specialist Visit: \$115 copay

Urgent Care: \$60 copay

Generic Drugs: \$35 copay

**Metal Level:
BRONZE**

Premium Range:
Low: \$327 (Rating Area 3)
High: \$399 (Rating Area 7)



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

Plan Name: Ambetter Essential Care 1 + Vision

Plan Type: HMO

Deductible: \$8,600

OOPM: \$8,600

Primary Care Visit: No charge after deductible

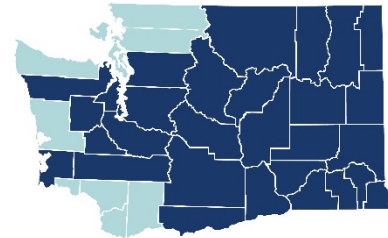
Specialist Visit: No charge after deductible

Urgent Care: \$60 copay

Generic Drugs: \$25 copay

**Metal Level:
BRONZE**

Premium Range:
Low: \$268 (Rating Area 3)
High: \$327 (Rating Area 7)



29 Counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, 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

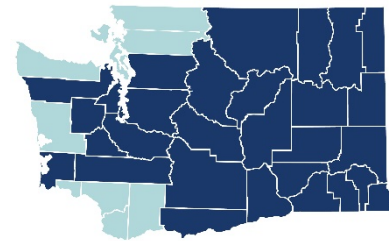
Urgent Care: \$100 copay

Generic Drugs: \$32 copay

Premium Range:

Low: \$280 (Rating Area 3)

High: \$342 (Rating Area 7)



29 Counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, 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

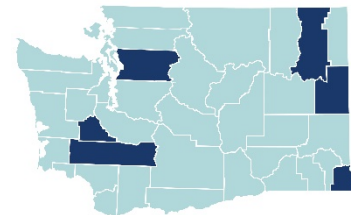
Urgent Care: \$100 copay

Generic Drugs: \$32 copay

Premium Range:

Low: \$281 (Rating Area 4)

High: \$306 (Rating Area 5)



6 Counties: Asotin, Lewis, Snohomish, Spokane, Stevens, Thurston

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP WA Gold 0/20

**Metal Level:
GOLD**

Plan Type: EPO

Deductible: \$0

OOPM: \$7,900

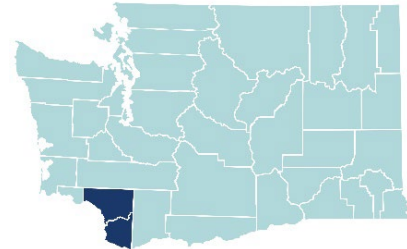
Primary Care Visit: \$20 copay

Specialist Visit: \$50 copay

Urgent Care: \$40 copay

Generic Drugs: \$10 copay

Premium Range:
Low: \$505 (Rating Area 3)
High: \$530 (Rating Area 2)



2 Counties: Clark and Cowlitz

Plan Name: KP WA Gold 2000/30

**Metal Level:
GOLD**

Plan Type: EPO

Deductible: \$2,000 Medical/ \$0 Drug

OOPM: \$7,900

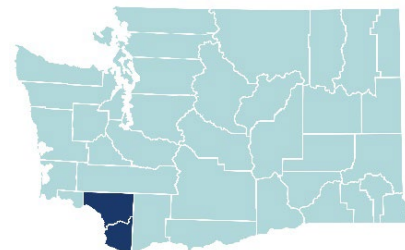
Primary Care Visit: \$30 copay

Specialist Visit: \$50 copay

Urgent Care: \$40 copay

Generic Drugs: \$15 copay

Premium Range:
Low: \$462 (Rating Area 3)
High: \$486 (Rating Area 2)



2 Counties: Clark and Cowlitz

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP Cascade Gold

Metal Level: GOLD

Plan Type: EPO

Deductible: \$500 Medical/ \$0 Drug

OOPM: \$5,250

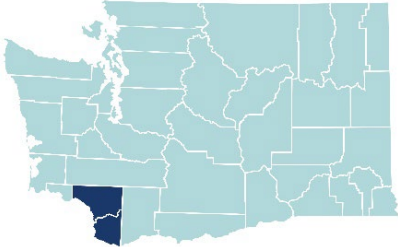
Primary Care Visit: \$15 copay

Specialist Visit: \$40 copay

Urgent Care: \$35 copay

Generic Drugs: \$10 copay

Premium Range:
Low: \$538 (Rating Area 3)
High: \$565 (Rating Area 2)



2 Counties: Clark and Cowlitz

Plan Name: KP WA Silver 2500/40

Metal Level: SILVER

Plan Type: EPO

Deductible: \$2,500

OOPM: \$8,550

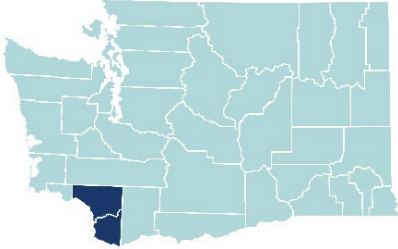
Primary Care Visit: \$40 copay

Specialist Visit: \$65 copay

Urgent Care: \$50 copay

Generic Drugs: \$25 copay

Premium Range:
Low: \$483 (Rating Area 3)
High: \$507 (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

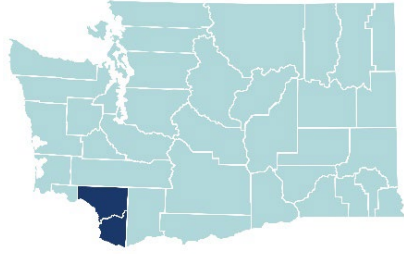
Primary Care Visit: \$25 copay

Specialist Visit: \$60 copay

Urgent Care: \$60 copay

Generic Drugs: \$20 copay

Premium Range:
Low: \$508 (Rating Area 3)
High: \$533 (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

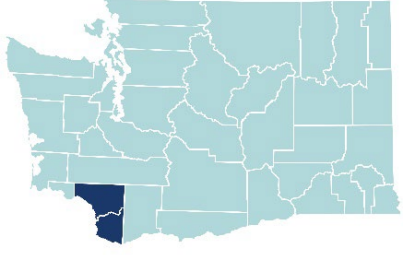
Primary Care Visit: \$65 copay

Specialist Visit: \$95 copay after deductible

Urgent Care: 35% coinsurance after deductible

Generic Drugs: \$30 copay after deductible

Premium Range:
Low: \$344 (Rating Area 3)
High: \$361 (Rating Area 2)



2 Counties: Clark and Cowlitz

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP WA Bronze 8550/75

Metal Level:
BRONZE

Plan Type: EPO

Deductible: \$8,550

OOPM: \$8,550

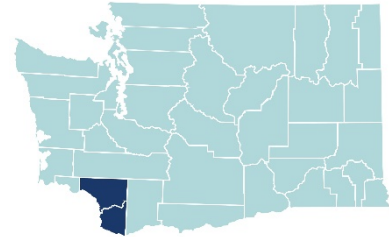
Primary Care Visit: \$75 copay

Specialist Visit: No charge after deductible

Urgent Care: No charge after deductible

Generic Drugs: \$30 copay

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



2 Counties: Clark and Cowlitz

Plan Name: KP WA Bronze 6900/0% HSA

Metal Level:
BRONZE

Plan Type: EPO

Deductible: \$6,900

OOPM: \$6,900

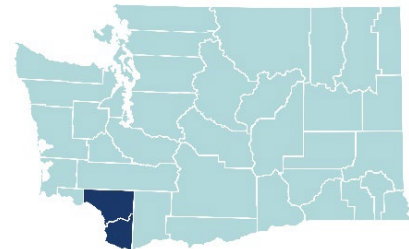
Primary Care Visit: No charge after deductible

Specialist Visit: No charge after deductible

Urgent Care: No charge after deductible

Generic Drugs: No charge after deductible

Premium Range:
Low: \$343 (Rating Area 3)
High: \$360 (Rating Area 2)



2 Counties: Clark and Cowlitz

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

**Metal Level:
BRONZE**

Plan Name: KP Cascade Bronze

Plan Type: EPO

Deductible: \$6,000

OOPM: \$8,550

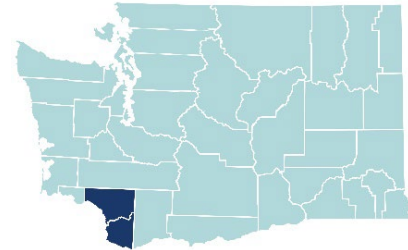
Primary Care Visit: \$50 copay

Specialist Visit: \$100 copay after deductible

Urgent Care: \$100 copay

Generic Drugs: \$32 copay

Premium Range:
Low: \$340 (Rating Area 3)
High: \$357 (Rating Area 2)



2 Counties: Clark and Cowlitz

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Plan Name: Flex Gold - 22

Metal Level: GOLD

Plan Type: HMO

Deductible: \$1,150

OOPM: \$7,900

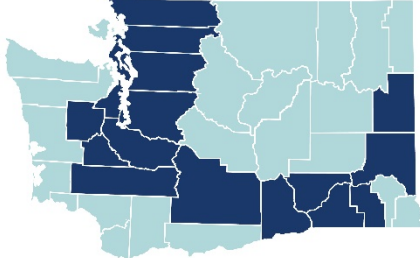
Primary Care Visit: \$20 copay after deductible

Specialist Visit: \$45 copay after deductible

Urgent Care: \$45 copay after deductible

Generic Drugs: \$10 copay

Premium Range:
Low: \$411 (Rating Area 1)
High: \$472 (Rating Area 2, 6, 8, 9)



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

Plan Name: Kaiser Permanente Cascade Gold

Metal Level: GOLD

Plan Type: HMO

Deductible: \$500 Medical/ \$0 Drug

OOPM: \$5,250

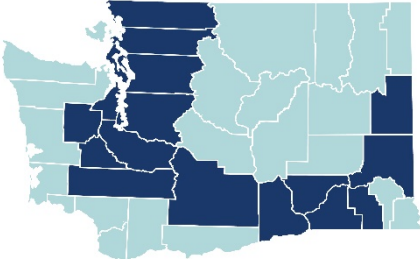
Primary Care Visit: \$15 copay

Specialist Visit: \$40 copay

Urgent Care: \$35 copay

Generic Drugs: \$10 copay

Premium Range:
Low: \$438 (Rating Area 1)
High: \$504 (Rating Area 2, 6, 8, 9)



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

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Plan Name: Flex Silver - 22 **Metal Level: SILVER**

Plan Type: HMO

Deductible: \$1,800

OOPM: \$7,900

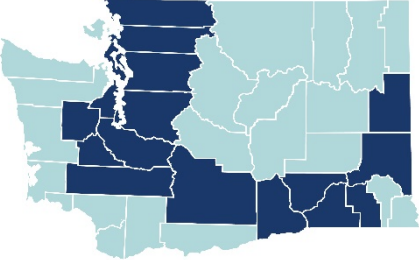
Primary Care Visit: \$20 copay after deductible

Specialist Visit: \$45 copay after deductible

Urgent Care: \$45 copay after deductible

Generic Drugs: \$10 copay

Premium Range:
Low: \$390 (Rating Area 1)
High: \$448 (Rating Area 2, 6, 8, 9)



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

Plan Name: Virtual Plus Silver - 22 **Metal Level: SILVER**

Plan Type: HMO

Deductible: \$3,000

OOPM: \$8,100

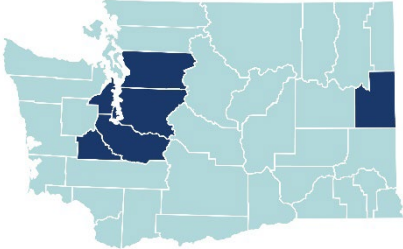
Primary Care Visit: \$10 copay

Specialist Visit: \$25 copay

Urgent Care: \$40 copay

Generic Drugs: \$15 copay

Premium Range:
Low: \$360 (Rating Area 1)
High: \$414 (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

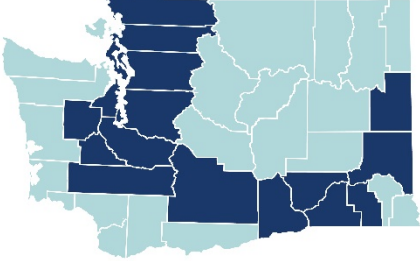
Primary Care Visit: \$25 copay

Specialist Visit: \$60 copay

Urgent Care: \$60 copay

Generic Drugs: \$20 copay

Premium Range:
Low: \$406 (Rating Area 1)
High: \$467 (Rating Area 2, 6, 8, 9)



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

Metal Level:
BRONZE

Plan Name: Bronze - 22

Plan Type: HMO

Deductible: \$7,500

OOPM: \$8,550

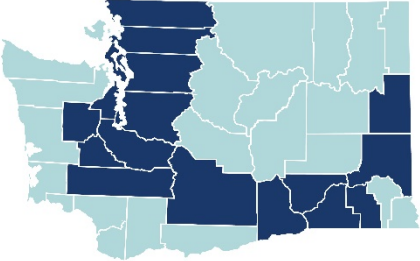
Primary Care Visit: 40% coinsurance after deductible

Specialist Visit: 40% coinsurance after deductible

Urgent Care: 40% coinsurance after deductible

Generic Drugs: 40% coinsurance after deductible

Premium Range:
Low: \$281 (Rating Area 1)
High: \$323 (Rating Area 2, 6, 8, 9)



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

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Plan Name: Flex Bronze - 22

**Metal Level:
BRONZE**

Plan Type: HMO

Deductible: \$5,500

OOPM: \$8,550

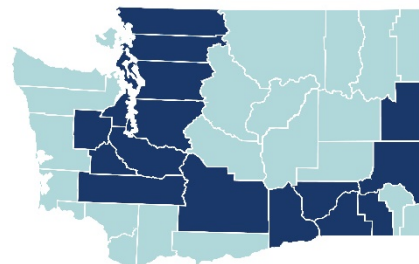
Primary Care Visit: \$40 copay;
20% coinsurance after deductible

Specialist Visit: 20% coinsurance after deductible

Urgent Care: 20% coinsurance after deductible

Generic Drugs: \$25 copay

Premium Range:
Low: \$300 (Rating Area 1)
High: \$345 (Rating Area 2, 6, 8, 9)



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

Plan Name: Bronze HSA - 22

**Metal Level:
BRONZE**

Plan Type: HMO

Deductible: \$6,050

OOPM: \$6,900

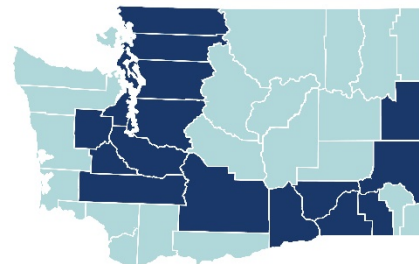
Primary Care Visit: 40% coinsurance after deductible

Specialist Visit: 40% coinsurance after deductible

Urgent Care: 40% coinsurance after deductible

Generic Drugs: 40% coinsurance after deductible

Premium Range:
Low: \$290 (Rating Area 1)
High: \$333 (Rating Area 2, 6, 8, 9)



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

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

**Metal Level:
BRONZE**

Plan Name: Virtual Plus Bronze - 22

Plan Type: HMO

Deductible: \$8,700

OOPM: \$8,700

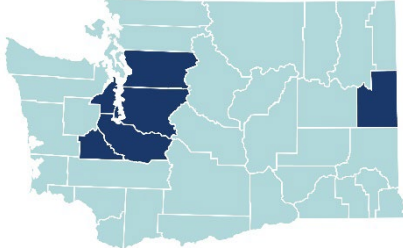
Primary Care Visit: \$25

Specialist Visit: \$68.75

Urgent Care: \$110

Generic Drugs: \$30

Premium Range:
Low: \$277 (Rating Area 1)
High: \$319 (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

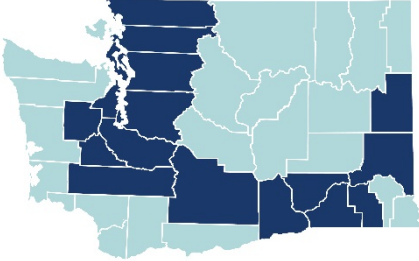
Primary Care Visit: \$50 copay

Specialist Visit: \$100 copay after deductible

Urgent Care: \$100 copay

Generic Drugs: \$32 copay

Premium Range:
Low: \$297 (Rating Area 1)
High: \$341 (Rating Area 2, 6, 8, 9)



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

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Plan Name: Basics Plus Catastrophic Plan – 22

Metal Level:
CATASTROPHIC

Plan Type: HMO

Deductible: \$8,700

OOPM: \$8,700

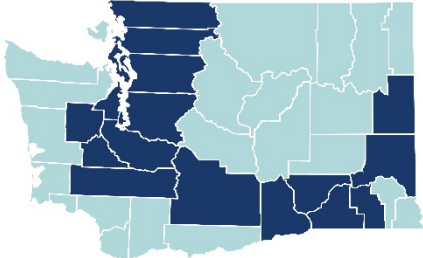
Primary Care Visit: No Charge after deductible

Specialist Visit: No Charge after deductible

Urgent Care: No Charge after deductible

Generic Drugs: No Charge after deductible

Premium Range:
Low: \$237 (Rating Area 1)
High: \$273 (Rating Area 2, 6, 8, 9)



17 Counties: Benton, Columbia, Franklin, Island, King, Kitsap, 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

Premium Range

Low: \$442 (Rating Area 1)

High: \$540 (Rating Area 3)

Deductible: \$1,000

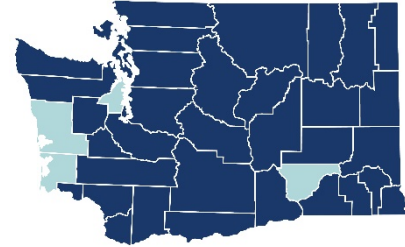
OOPM: \$7,000

Primary Care Visit: \$30 copay

Specialist Visit: \$55 copay

Urgent Care: \$55 copay

Generic Drugs: \$10 copay



35: 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, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima

Plan Name: LifeWise Cascade Gold

**Metal Level:
GOLD**

Plan Type: EPO

Premium Range

Low: \$500 (Rating Area 1)

High: \$610 (Rating Area 3)

Deductible: \$500 Medical / \$0 Drug

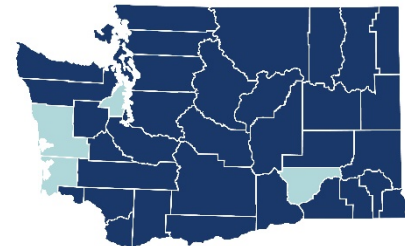
OOPM: \$5,250

Primary Care Visit: \$15 copay

Specialist Visit: \$40 copay

Urgent Care: \$35 copay

Generic Drugs: \$10 copay



35: 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, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima

LIFEWISE HEALTH PLAN OF WASHINGTON

Plan Name: LifeWise Cascade Select Gold

Metal Level: GOLD

Plan Type: EPO

Deductible: \$500 Medical / \$0 Drug

OOPM: \$5,250

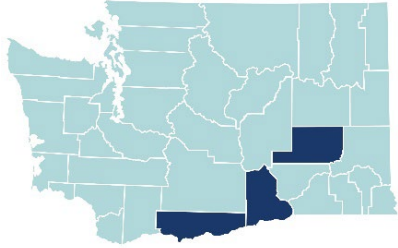
Primary Care Visit: \$15 copay

Specialist Visit: \$40 copay

Urgent Care: \$35 copay

Generic Drugs: \$10 copay

Premium Range
Low: \$481 (Rating Area 6)
High: \$569 (Rating Area 3)



3 Counties: Adams, Benton, Klickitat

Plan Name: LifeWise Essential Silver Low Deductible

Metal Level: SILVER

Plan Type: EPO

Deductible: \$2,575

OOPM: \$7,550


Primary Care Visit: \$25 copay

Specialist Visit: \$55 copay

Urgent Care: \$55 copay

Generic Drugs: \$20 copay

Premium Range
Low: \$418 (Rating Area 1)
High: \$510 (Rating Area 3)



35: 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

Plan Name: LifeWise Cascade Silver

**Metal Level:
SILVER**

Plan Type: EPO

Premium Range

Low: \$436 (Rating Area 1)
High: \$532 (Rating Area 3)

Deductible: \$2,000

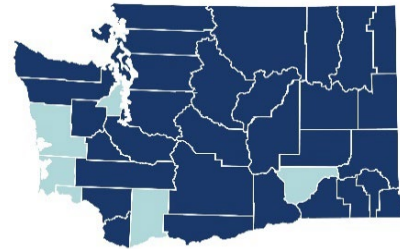
OOPM: \$7,800

Primary Care Visit: \$25 copay

Specialist Visit: \$60 copay

Urgent Care: \$60 copay

Generic Drugs: \$20 copay



35: 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 Select Silver

**Metal Level:
SILVER**

Plan Type: EPO

Premium Range

Low: \$420 (Rating Area 6)
High: \$497 (Rating Area 3)

Deductible: \$2,000

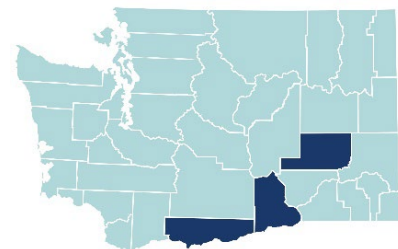
OOPM: \$7,800

Primary Care Visit: \$25 copay

Specialist Visit: \$60 copay

Urgent Care: \$60 copay

Generic Drugs: \$20 copay



3 Counties: Adams, Benton, Klickitat

LIFEWISE HEALTH PLAN OF WASHINGTON

Plan Name: LifeWise Essential Bronze

Metal Level:
BRONZE

Plan Type: EPO

Deductible: \$6,300

OOPM: \$8,550


Primary Care Visit: \$35 copay

Specialist Visit: 30% coinsurance after deductible

Urgent Care: 30% coinsurance after deductible

Generic Drugs: \$30 copay

Premium Range
Low: \$302 (Rating Area 1)
High: \$369 (Rating Area 3)



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

Plan Name: LifeWise Essential Bronze HSA

Metal Level:
BRONZE

Plan Type: EPO

Deductible: \$6,200

OOPM: \$7,000

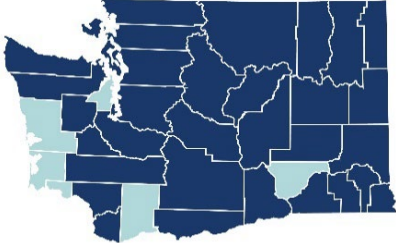
Primary Care Visit: 40% coinsurance after deductible

Specialist Visit: 40% coinsurance after deductible

Urgent Care: 40% coinsurance after deductible

Generic Drugs: 40% coinsurance after deductible

Premium Range
Low: \$304 (Rating Area 1)
High: \$371 (Rating Area 3)



35: 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

Plan Name: LifeWise 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 Range
Low: \$297 (Rating Area 1)
High: \$363 (Rating Area 3)



35: 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 Select Bronze

Metal Level: BRONZE

Plan Type: EPO

Deductible: \$6,000

OOPM: \$8,550

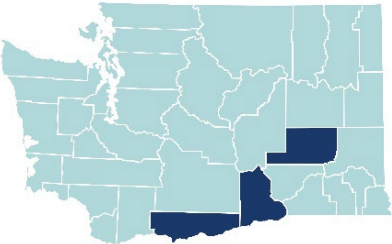
Primary Care Visit: \$50 copay

Specialist Visit: \$100 copay after deductible

Urgent Care: \$100 copay

Generic Drugs: \$32 copay

Premium Range
Low: \$287 (Rating Area 6)
High: \$340 (Rating Area 3)



3 Counties: Adams, Benton, Klickitat

MOLINA HEALTHCARE OF WASHINGTON, INC.

Plan Name: Molina Choice Gold

Metal Level: GOLD

Plan Type: HMO

Deductible: \$2,100

OOPM: \$8,550

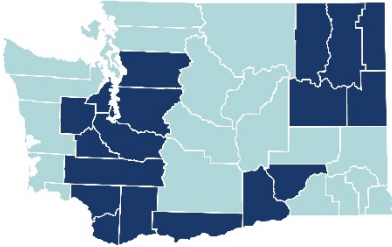
Primary Care Visit: \$10 copay

Specialist Visit: \$50 copay

Urgent Care: \$10 copay

Generic Drugs: \$10 copay

Premium Range:
Low: \$389 (Rating Area 6)
High: \$444 (Rating Area 3)



18 Counties: Benton, Clark, Cowlitz, Ferry, Franklin, King, Kitsap, Klickitat, Lewis, Lincoln, Mason, Pend Oreille, Pierce, Skamania, Snohomish, Spokane, Stevens, Thurston

Plan Name: Molina Cascade Gold

Metal Level: GOLD

Plan Type: HMO

Deductible: \$500 Medical / \$0 Drug

OOPM: \$5,250

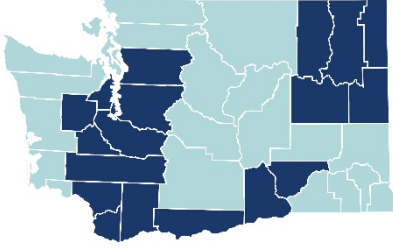
Primary Care Visit: \$15 copay

Specialist Visit: \$40 copay

Urgent Care: \$35 copay

Generic Drugs: \$10 copay

Premium Range:
Low: \$407 (Rating Area 6)
High: \$464 (Rating Area 3)



18 Counties: Benton, Clark, Cowlitz, Ferry, Franklin, King, Kitsap, Klickitat, Lewis, Lincoln, Mason, Pend Oreille, Pierce, Skamania, Snohomish, Spokane, Stevens, Thurston

MOLINA HEALTHCARE OF WASHINGTON, INC.

Plan Name: Constant Care Silver I

Metal Level: SILVER

Plan Type: HMO

Deductible: \$0 Medical / \$800 Drug

OOPM: \$8,000

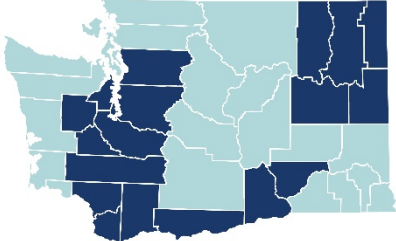
Primary Care Visit: \$30 copay

Specialist Visit: \$60 copay

Urgent Care: \$30 copay

Generic Drugs: \$20 copay

Premium Range:
Low: \$383 (Rating Area 6)
High: \$438 (Rating Area 3)



18 Counties: Benton, Clark, Cowlitz, Ferry, Franklin, King, Kitsap, Klickitat, Lewis, Lincoln, Mason, Pend Oreille, Pierce, Skamania, Snohomish, Spokane, Stevens, Thurston

Plan Name: Molina Cascade Silver

Metal Level: SILVER

Plan Type: HMO

Deductible: \$2,000

OOPM: \$7,800

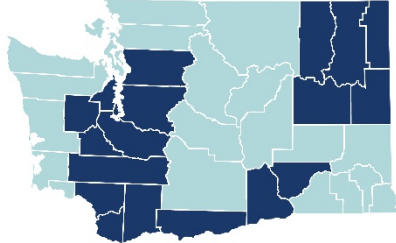
Primary Care Visit: \$25 copay

Specialist Visit: \$60 copay

Urgent Care: \$60 copay

Generic Drugs: \$20 copay

Premium Range:
Low: \$382 (Rating Area 6)
High: \$436 (Rating Area 3)



18 Counties: Benton, Clark, Cowlitz, Ferry, Franklin, King, Kitsap, Klickitat, Lewis, Lincoln, Mason, Pend Oreille, Pierce, Skamania, Snohomish, Spokane, Stevens, Thurston

MOLINA HEALTHCARE OF WASHINGTON, INC.

Plan Name: Core Care Bronze I

Metal Level:
BRONZE

Plan Type: HMO

Deductible: \$3,000

OOPM: \$8,550

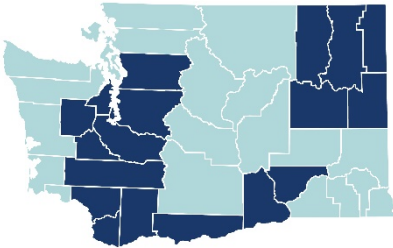
Primary Care Visit: \$60 copay

Specialist Visit: \$150 copay

Urgent Care: \$60 copay

Generic Drugs: \$27 copay

Premium Range:
Low: \$307 (Rating Area 6)
High: \$350 (Rating Area 3)



18 Counties: Benton, Clark, Cowlitz, Ferry, Franklin, King, Kitsap, Klickitat, Lewis, Lincoln, Mason, Pend Oreille, Pierce, Skamania, Snohomish, Spokane, Stevens, Thurston

Plan Name: Molina Cascade Bronze

Metal Level:
BRONZE

Plan Type: HMO

Deductible: \$6,000

OOPM: \$8,550

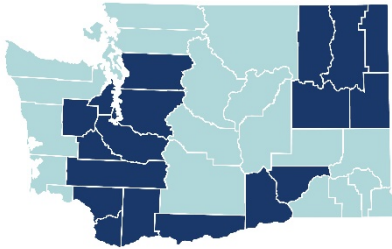
Primary Care Visit: \$50 copay

Specialist Visit: \$100 copay after deductible

Urgent Care: \$100 copay

Generic Drugs: \$32 copay

Premium Range:
Low: \$308 (Rating Area 6)
High: \$352 (Rating Area 3)



18 Counties: Benton, Clark, Cowlitz, Ferry, Franklin, King, Kitsap, Klickitat, Lewis, 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 Medical / \$0 Drug

OOPM: \$5,500

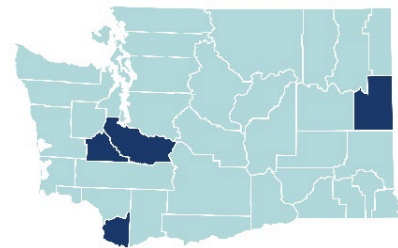
Primary Care Visit: \$20 copay

Specialist Visit: \$40 copay

Urgent Care: \$20 copay

Generic Drugs: \$15 copay

Premium: \$470
(Rating Area 3, 4, 5)



4 Counties: Clark, Pierce, Spokane, Thurston

**Metal Level:
GOLD**

Plan Name: PacificSource Cascade Gold

Plan Type: PPO

Deductible: \$500 Medical / \$0 Drug

OOPM: \$5,250

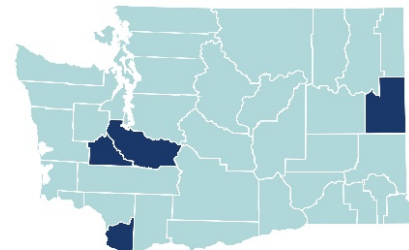
Primary Care Visit: \$15 copay

Specialist Visit: \$40 copay

Urgent Care: \$35 copay

Generic Drugs: \$10 copay

Premium: \$498
(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

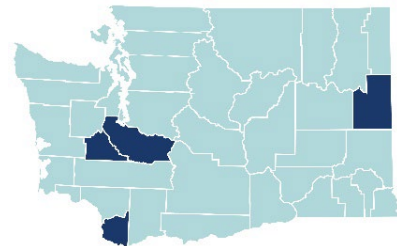
Primary Care Visit: \$15 copay

Specialist Visit: \$30 copay

Urgent Care: \$15 copay

Generic Drugs: 30% Coinsurance after deductible

Premium: \$459
(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

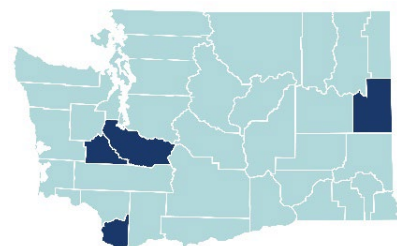
Primary Care Visit: \$25 copay

Specialist Visit: \$60 copay

Urgent Care: \$60 copay

Generic Drugs: \$20 copay

Premium: \$477
(Rating Area 3, 4, 5)



4 Counties: Clark, Pierce, Spokane, Thurston

PACIFICSOURCE HEALTH PLANS

Plan Name: Navigator Bronze 7000

**Metal Level:
BRONZE**

Plan Type: PPO

Deductible: \$7,000

Premium: \$335
(Rating Area 3, 4, 5)

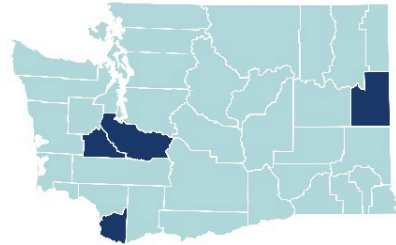
OOPM: \$8,550

Primary Care Visit: \$35 copay

Specialist Visit: \$50 copay after deductible

Urgent Care: \$35 copay

Generic Drugs: 40% coinsurance after deductible



4 Counties: Clark, Pierce, Spokane, Thurston

Plan Name: Navigator Bronze HSA 7000

**Metal Level:
BRONZE**

Plan Type: PPO

Deductible: \$7,000

Premium: \$328
(Rating Area 3, 4, 5)

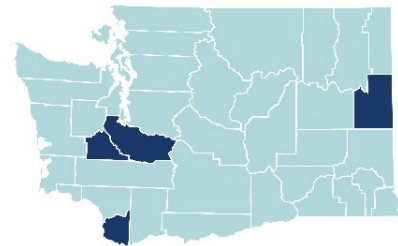
OOPM: \$7,000

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



4 Counties: Clark, Pierce, Spokane, Thurston

PACIFICSOURCE HEALTH PLANS

Plan Name: PacificSource Cascade Bronze

Metal Level:
BRONZE

Plan Type: PPO

Deductible: \$6,000

Premium: \$340
(Rating Area 3, 4, 5)

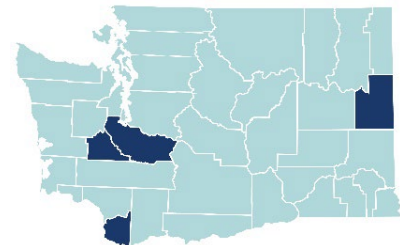
OOPM: \$8,550

Primary Care Visit: \$50 copay

Specialist Visit: \$100 copay after deductible

Urgent Care: \$100 copay

Generic Drugs: \$32 copay



4 Counties: Clark, Pierce, Spokane, Thurston

Plan Name: Navigator Catastrophic

Metal Level:
CATASTROPHIC

Plan Type: PPO

Deductible: \$8,700

Premium: \$222
(Rating Area 3, 4, 5)

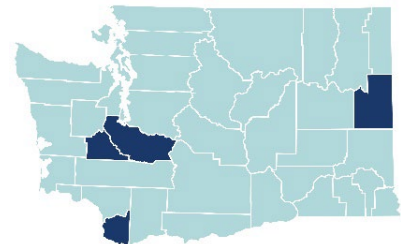
OOPM: \$8,700

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



4 Counties: Clark, Pierce, Spokane, Thurston

PREMERA BLUE CROSS

Plan Name: Premera Blue Cross Preferred Gold EPO 1500

**Metal Level:
GOLD**

Plan Type: EPO

Deductible: \$1,500

OOPM: \$6,800

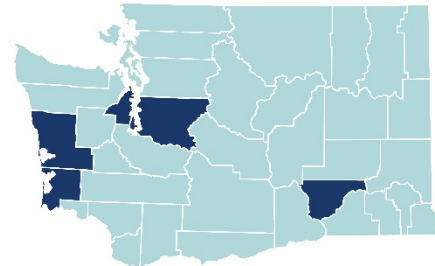
Primary Care Visit: \$15 copay

Specialist Visit: \$45 copay

Urgent Care: \$45 copay

Generic Drugs: \$10 copay

Premium Range:
Low: \$596 (Rating Area 6)
High: \$669 (Rating Area 2)



5 Counties: Franklin, Grays Harbor, King, Kitsap, Pacific,

Plan Name: Premera Blue Cross Cascade Gold

**Metal Level:
GOLD**

Plan Type: EPO

Deductible: \$500 Medical / \$0 Drug

OOPM: \$5,250

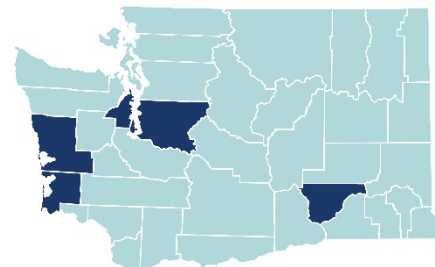
Primary Care Visit: \$15 copay

Specialist Visit: \$40 copay

Urgent Care: \$35 copay

Generic Drugs: \$10 copay

Premium Range:
Low: \$670 (Rating Area 6)
High: \$752 (Rating Area 2)



5 Counties: Franklin, Grays Harbor, King, Kitsap, Pacific,

PREMERA BLUE CROSS

Metal Level:
SILVER

Plan Name: Premera Blue Cross Preferred Silver EPO 4100

Plan Type: EPO

Deductible: \$4,100

OOPM: \$6,600

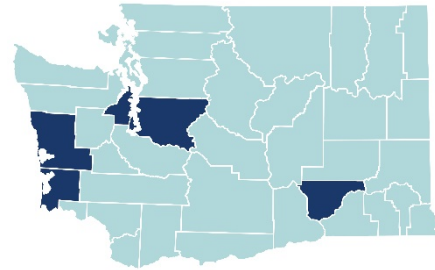
Primary Care Visit: \$25 copay

Specialist Visit: \$60 copay

Urgent Care: \$60 copay

Generic Drugs: \$25 copay

Premium Range:
Low: \$546 (Rating Area 6)
High: \$613 (Rating Area 2)



5 Counties: Franklin, Grays Harbor, King, Kitsap, Pacific,

Metal Level:
SILVER

Plan Name: Premera Blue Cross Cascade Silver

Plan Type: EPO

Deductible: \$2,000

OOPM: \$7,800

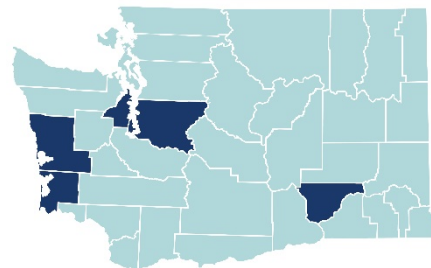
Primary Care Visit: \$25 copay

Specialist Visit: \$60 copay

Urgent Care: \$60 copay

Generic Drugs: \$20 copay

Premium Range:
Low: \$561 (Rating Area 6)
High: \$629 (Rating Area 2)



5 Counties: Franklin, Grays Harbor, King, Kitsap, Pacific,

PREMERA BLUE CROSS

Plan Name: Premera Blue Cross Preferred Bronze EPO 6350

**Metal Level:
BRONZE**

Plan Type: EPO

Deductible: \$6,350

OOPM: \$8,200

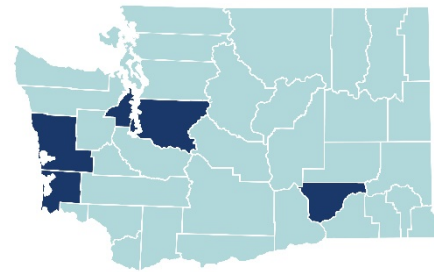
Primary Care Visit: \$50 copay

Specialist Visit: 40% coinsurance after deductible

Urgent Care: 40% coinsurance after deductible

Generic Drugs: \$30 copay

Premium Range:
Low: \$402 (Rating Area 6)
High: \$451 (Rating Area 2)



5 Counties: Franklin, Grays Harbor, King, Kitsap, Pacific,

Plan Name: Premera Blue Cross Preferred Bronze HSA EPO 6100

**Metal Level:
BRONZE**

Plan Type: EPO

Deductible: \$6,100

OOPM: \$6,900

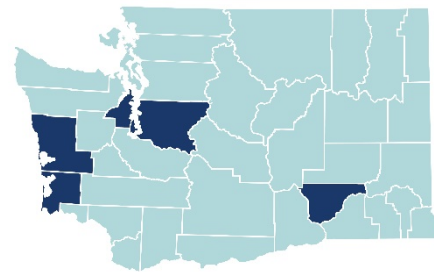
Primary Care Visit: 40% coinsurance after deductible

Specialist Visit: 40% coinsurance after deductible

Urgent Care: 40% coinsurance after deductible

Generic Drugs: 40% coinsurance after deductible

Premium Range:
Low: \$406 (Rating Area 6)
High: \$455 (Rating Area 2)



5 Counties: Franklin, Grays Harbor, King, Kitsap, Pacific,

PREMERA BLUE CROSS

Plan Name: Premera Blue Cross 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

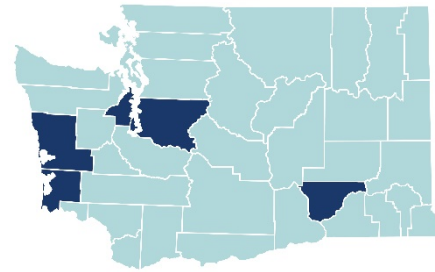
Urgent Care: \$100 copay

Generic Drugs: \$32 copay

Premium Range:

Low: \$393 (Rating Area 6)

High: \$440 (Rating Area 2)



5 Counties: Franklin, Grays Harbor, King, Kitsap, Pacific,

REGENCE BLUECROSS BLUESHIELD OF OREGON

Plan Name: Regence Cascade Gold Legacy LHP Network

Metal Level:
GOLD

Plan Type: EPO

Deductible: \$500 Medical / \$0 Drug

Premium: \$593
(Rating Area 3)

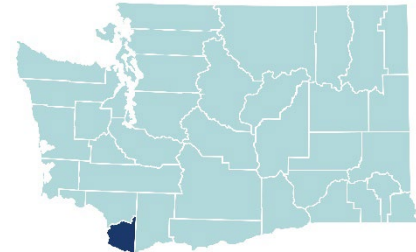
OOPM: \$5,250

Primary Care Visit: \$15 copay

Specialist Visit: \$40 copay

Urgent Care: \$35 copay

Generic Drugs: \$10 copay



1 County: Clark

Plan Name: Regence Cascade Gold PeaceHealth Network

Metal Level:
GOLD

Plan Type: EPO

Deductible: \$500 Medical / \$0 Drug

Premium: \$639
(Rating Area 3)

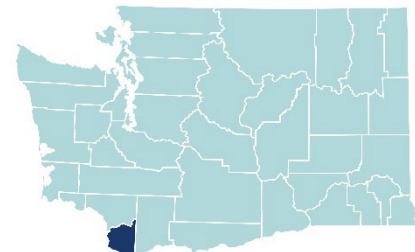
OOPM: \$5,250

Primary Care Visit: \$15 copay

Specialist Visit: \$40 copay

Urgent Care: \$35 copay

Generic Drugs: \$10 copay



1 County: Clark

REGENCE BLUECROSS BLUESHIELD OF OREGON

**Plan Name: Alliance Gold 2500 with Vision Exam
Exchange Legacy LHP**

**Metal Level:
GOLD**

Plan Type: EPO

Deductible: \$2,500

OOPM: \$8,700

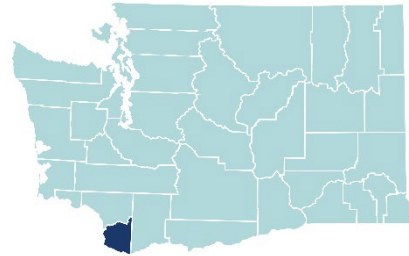
Primary Care Visit: \$10 copay

Specialist Visit: \$70 copay

Urgent Care: \$70 copay

Generic Drugs: \$5 copay

Premium: \$482
(Rating Area 3)



1 County: Clark

Plan Name: Alliance Silver 3200 Exchange Legacy LHP

**Metal Level:
SILVER**

Plan Type: EPO

Deductible: \$3,200

OOPM: \$8,700

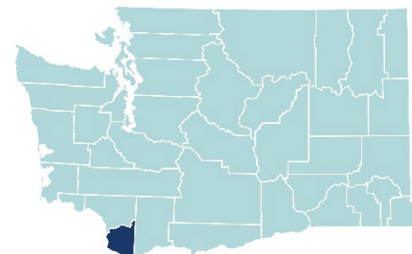
Primary Care Visit: \$15 copay

Specialist Visit: \$70 copay

Urgent Care: \$70 copay

Generic Drugs: \$3 copay

Premium: \$497
(Rating Area 3)



1 County: Clark

REGENCE BLUECROSS BLUESHIELD OF OREGON

Plan Name: Regence Cascade Silver Legacy LHP Network

Metal Level:
SILVER

Plan Type: EPO

Deductible: \$2,000

OOPM: \$7,800

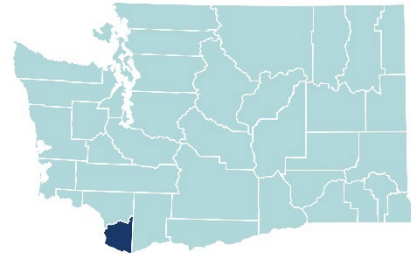
Primary Care Visit: \$25 copay

Specialist Visit: \$60 copay

Urgent Care: \$60 copay

Generic Drugs: \$20 copay

Premium: \$509
(Rating Area 3)



1 County: Clark

Plan Name: Regence Cascade Silver PeaceHealth Network

Metal Level:
SILVER

Plan Type: EPO

Deductible: \$2,000

OOPM: \$7,800

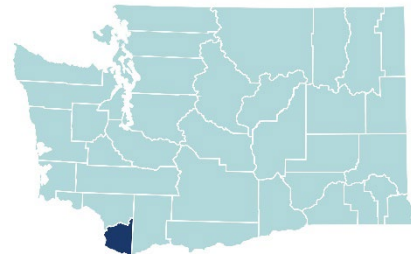
Primary Care Visit: \$25 copay

Specialist Visit: \$60 copay

Urgent Care: \$60 copay

Generic Drugs: \$20 copay

Premium: \$548
(Rating Area 3)



1 County: Clark

REGENCE BLUECROSS BLUESHIELD OF OREGON

**Plan Name: Alliance Bronze Essential 8000
Exchange Legacy LHP**

**Metal Level:
BRONZE**

Plan Type: EPO

Deductible: \$8,000

Premium: \$332
(Rating Area 3)

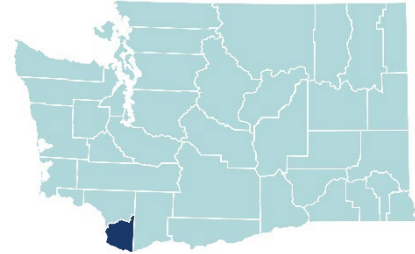
OOPM: \$8,700

Primary Care Visit: \$60 copay with deductible/ 10% coinsurance after deductible

Specialist Visit: \$60 copay with deductible/ 10% coinsurance after deductible

Urgent Care: \$60 copay with deductible/ 10% coinsurance after deductible

Generic Drugs: \$15 copay



1 County: Clark

**Plan Name: Alliance Bronze Care on Demand 8500
Exchange Legacy LHP**

**Metal Level:
BRONZE**

Plan Type: EPO

Deductible: \$8,500

Premium: \$317
(Rating Area 3)

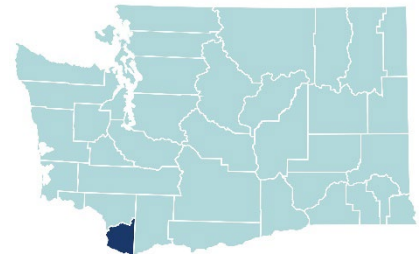
OOPM: \$8,700

Primary Care Visit: 20% coinsurance after deductible

Specialist Visit: 20% coinsurance after deductible

Urgent Care: 20% coinsurance after deductible

Generic Drugs: \$15 copay



1 County: Clark

REGENCE BLUECROSS BLUESHIELD OF OREGON

**Plan Name: Bronze Care on Demand 8500 Exchange
PeaceHealth**

**Metal Level:
BRONZE**

Plan Type: EPO

Deductible: \$8,500

OOPM: \$8,700

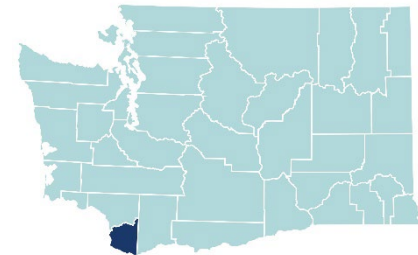
Premium: \$342
(Rating Area 3)

Primary Care Visit: 20% coinsurance after deductible

Specialist Visit: 20% coinsurance after deductible

Urgent Care: 20% coinsurance after deductible

Generic Drugs: \$15 copay



1 County: Clark

**Plan Name: Bronze Essential 8000 with 4 Copay
No Deductible Office Visits Exchange PeaceHealth**

**Metal Level:
BRONZE**

Plan Type: EPO

Deductible: \$8,000

OOPM: \$8,700

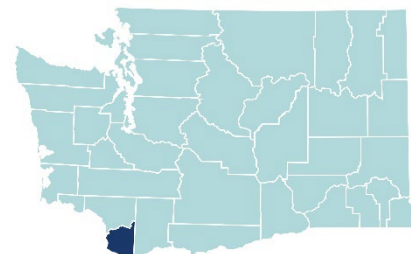
Premium: \$358
(Rating Area 3)

Primary Care Visit: \$60 copay with deductible/ 10% coinsurance after deductible

Specialist Visit: \$60 copay with deductible/ 10% coinsurance after deductible

Urgent Care: \$60 copay with deductible/ 10% coinsurance after deductible

Generic Drugs: \$15 copay



1 County: Clark

REGENCE BLUECROSS BLUESHIELD OF OREGON

Plan Name: Regence Cascade Bronze Legacy LHP Network

Metal Level:
BRONZE

Plan Type: EPO

Deductible: \$6,000

Premium: \$343
(Rating Area 3)

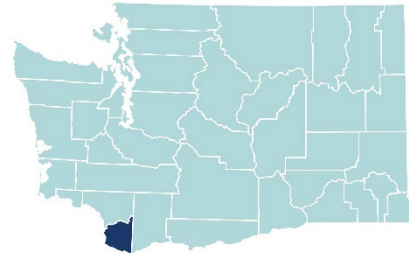
OOPM: \$8,550

Primary Care Visit: \$50 copay

Specialist Visit: \$100 copay after deductible

Urgent Care: \$100 copay

Generic Drugs: \$32 copay



1 County: Clark

Plan Name: Regence Cascade Bronze PeaceHealth Network

Metal Level:
BRONZE

Plan Type: EPO

Deductible: \$6,000

Premium: \$370
(Rating Area 3)

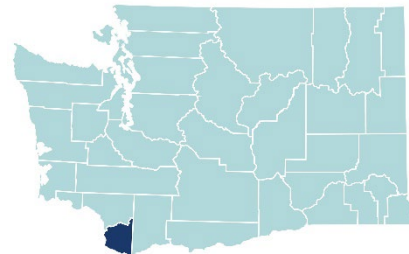
OOPM: \$8,550

Primary Care Visit: \$50 copay

Specialist Visit: \$100 copay after deductible

Urgent Care: \$100 copay

Generic Drugs: \$32 copay



1 County: Clark

REGENCE BLUESHIELD

Plan Name: Regence Cascade Gold Individual and Family Network

Metal Level: GOLD

Plan Type: EPO

Premium Range:
Low: \$569 (Rating Area 1)
High: \$638 (Rating Area 2)

Deductible: \$500 Medical / \$0 Drug

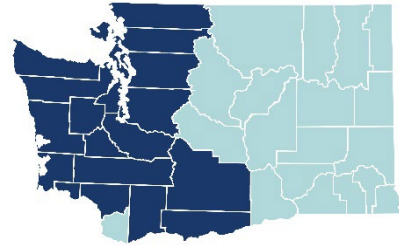
OOPM: \$5,250

Primary Care Visit: \$15 copay

Specialist Visit: \$40 copay

Urgent Care: \$35 copay

Generic Drugs: \$10 copay



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

Plan Name: Regence Cascade Gold UW Medicine Network

Metal Level: GOLD

Plan Type: EPO

Premium: \$559
(Rating Area 1)

Deductible: \$500 Medical / \$0 Drug

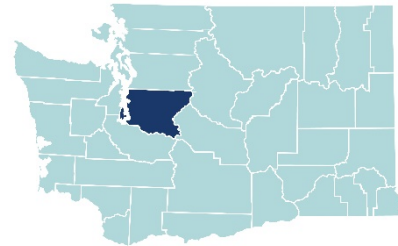
OOPM: \$5,250

Primary Care Visit: \$15 copay

Specialist Visit: \$40 copay

Urgent Care: \$35 copay

Generic Drugs: \$10 copay



1 County: King

REGENCE BLUESHIELD

**Plan Name: Regence Cascade Gold
MultiCare Connected Care Network**

**Metal Level:
GOLD**

Plan Type: EPO

**Premium: \$572
(Rating Area 5)**

Deductible: \$500 Medical / \$0 Drug

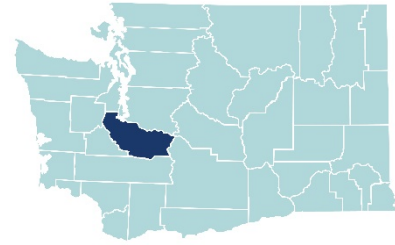
OOPM: \$5,250

Primary Care Visit: \$15 copay

Specialist Visit: \$40 copay

Urgent Care: \$35 copay

Generic Drugs: \$10 copay



1 County: Pierce

**Plan Name: Regence Cascade Gold
Eastside Health Network**

**Metal Level:
GOLD**

Plan Type: EPO

**Premium: \$557
(Rating Area 1)**

Deductible: \$500 Medical / \$0 Drug

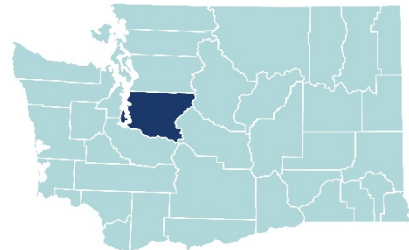
OOPM: \$5,250

Primary Care Visit: \$15 copay

Specialist Visit: \$40 copay

Urgent Care: \$35 copay

Generic Drugs: \$10 copay



1 County: King

REGENCE BLUESHIELD

**Plan Name: Gold 2500 with Vision Exam
Exchange Individual and Family Network**

**Metal Level:
GOLD**

Plan Type: EPO

Premium Range:

Low: \$463 (Rating Area 1)

High: \$519 (Rating Area 2)

Deductible: \$2,500

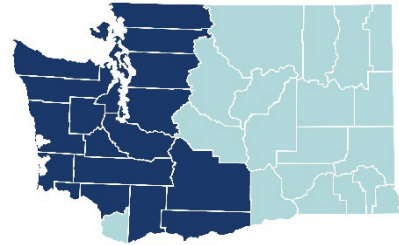
OOPM: \$8,700

Primary Care Visit: \$10 copay

Specialist Visit: \$70 copay

Urgent Care: \$70 copay

Generic Drugs: \$5 copay



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

**Plan Name: Silver 3200 Exchange
Individual and Family Network**

**Metal Level:
SILVER**

Plan Type: EPO

Premium Range:

Low: \$476 (Rating Area 1)

High: \$535 (Rating Area 2)

Deductible: \$3,200

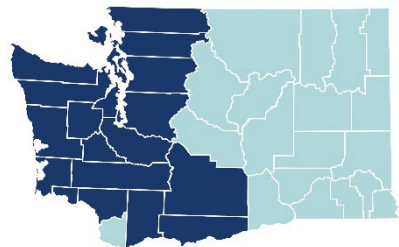
OOPM: \$8,700

Primary Care Visit: \$15 copay

Specialist Visit: \$70 copay

Urgent Care: \$70 copay

Generic Drugs: \$3 copay



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

REGENCE BLUESHIELD

**Plan Name: Regence Cascade Silver
Individual and Family Network**

**Metal Level:
SILVER**

Plan Type: EPO

Deductible: \$2,000

OOPM: \$7,800

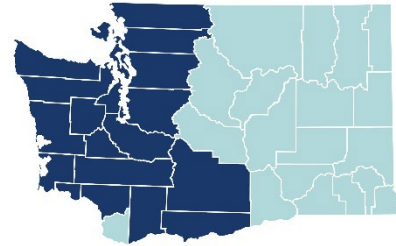
Primary Care Visit: \$25 copay

Specialist Visit: \$60 copay

Urgent Care: \$60 copay

Generic Drugs: \$20 copay

Premium Range:
Low: \$488 (Rating Area 1)
High: \$548 (Rating Area 2)



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

**Plan Name: Regence Cascade Silver
UW Medicine Network**

**Metal Level:
SILVER**

Plan Type: EPO

Deductible: \$2,000

OOPM: \$7,800

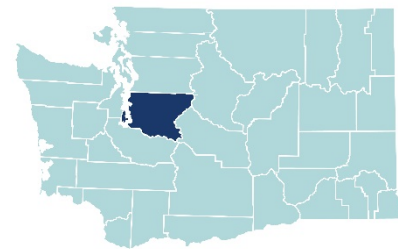
Primary Care Visit: \$25 copay

Specialist Visit: \$60 copay

Urgent Care: \$60 copay

Generic Drugs: \$20 copay

Premium: \$480
(Rating Area 1)



1 County: King

REGENCE BLUESHIELD

**Plan Name: Regence Cascade Silver
MultiCare Connected Care Network**

**Metal Level:
SILVER**

Plan Type: EPO

Deductible: \$2,000

OOPM: \$7,800

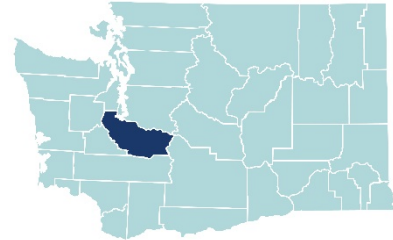
Primary Care Visit: \$25 copay

Specialist Visit: \$60 copay

Urgent Care: \$60 copay

Generic Drugs: \$20 copay

Premium: \$491
(Rating Area 5)



1 County: Pierce

**Plan Name: Regence Cascade Silver
Eastside Health Network**

**Metal Level:
SILVER**

Plan Type: EPO

Deductible: \$2,000

OOPM: \$7,800

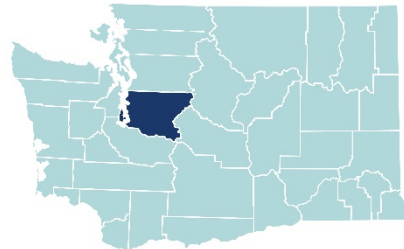
Primary Care Visit: \$25 copay

Specialist Visit: \$60 copay

Urgent Care: \$60 copay

Generic Drugs: \$20 copay

Premium: \$479
(Rating Area 1)



1 County: King

Plan Name: Bronze HDHP 6000 Exchange Individual and Family Network

Metal Level: BRONZE

Plan Type: EPO

Deductible: \$6,000

OOPM: \$7,000

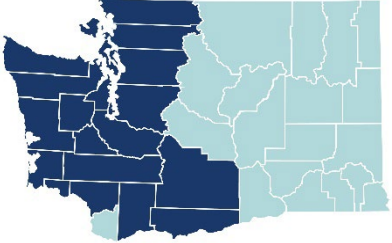
Primary Care Visit: 50% coinsurance after deductible

Specialist Visit: 50% coinsurance after deductible

Urgent Care: 50% coinsurance after deductible

Generic Drugs: 30% coinsurance after deductible

Premium Range:
Low: \$336 (Rating Area 1)
High: \$377 (Rating Area 2)



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

Plan Name: Bronze Care on Demand 8500 Exchange Individual and Family Network

Metal Level: BRONZE

Plan Type: EPO

Deductible: \$8,500

OOPM: \$8,700


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: \$304 (Rating Area 1)
High: \$342 (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

**Plan Name: Bronze Care on Demand 8500
MultiCare Connected Care**

**Metal Level:
BRONZE**

Plan Type: EPO

Deductible: \$8,500

Premium: \$306
(Rating Area 5)

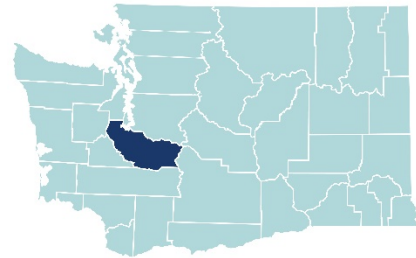
OOPM: \$8,700

Primary Care Visit: 20% coinsurance after deductible

Specialist Visit: 20% coinsurance after deductible

Urgent Care: 20% coinsurance after deductible

Generic Drugs: \$15 copay



1 County: Pierce

**Plan Name: Bronze Essential 8000 Exchange
Individual and Family Network**

**Metal Level:
BRONZE**

Plan Type: EPO

Deductible: \$8,000

Premium Range:

Low: \$318 (Rating Area 1)

High: \$357 (Rating Area 2)

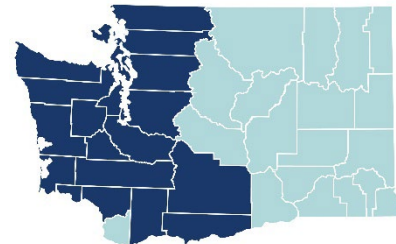
OOPM: \$8,7000

Primary Care Visit: \$60 copay with deductible/ 10% coinsurance after deductible

Specialist Visit: \$60 copay with deductible/ 10% coinsurance after deductible

Urgent Care: \$60 copay with deductible/ 10% coinsurance after deductible

Generic Drugs: \$15 copay



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

REGENCE BLUESHIELD

**Plan Name: Bronze Essential 8000 with 4 Copay No Deductible
Office Visits UW Medicine**

**Metal Level:
BRONZE**

Plan Type: EPO

Deductible: \$8,000

OOPM: \$8,700

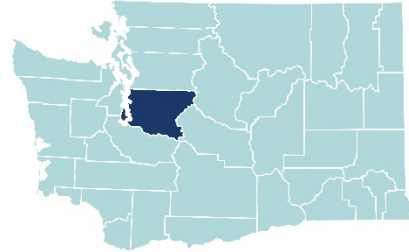
Primary Care Visit: \$60 copay with deductible/ 10% coinsurance after deductible

Specialist Visit: \$60 copay with deductible/ 10% coinsurance after deductible

Urgent Care: \$60 copay with deductible/ 10% coinsurance after deductible

Generic Drugs: \$15 copay

Premium: \$313
(Rating Area 1)



1 County: King

**Plan Name: Bronze Essential 8000 with 4 Copay No Deductible
Office Visits MultiCare Connected Care**

**Metal Level:
BRONZE**

Plan Type: EPO

Deductible: \$8,000

OOPM: \$8,700

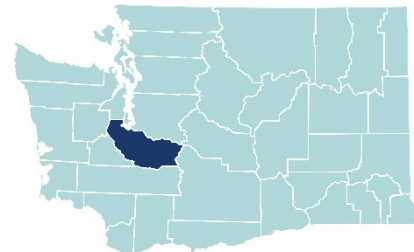
Primary Care Visit: \$60 copay with deductible/ 10% coinsurance after deductible

Specialist Visit: \$60 copay with deductible/ 10% coinsurance after deductible

Urgent Care: \$60 copay with deductible/ 10% coinsurance after deductible

Generic Drugs: \$15 copay

Premium: \$321
(Rating Area 5)



1 County: Pierce

REGENCE BLUESHIELD

**Plan Name: Bronze Essential 8000 with 4 Copay No Deductible
Office Visits Eastside Health Network**

**Metal Level:
BRONZE**

Plan Type: EPO

Premium: \$312
(Rating Area 1)

Deductible: \$8,000

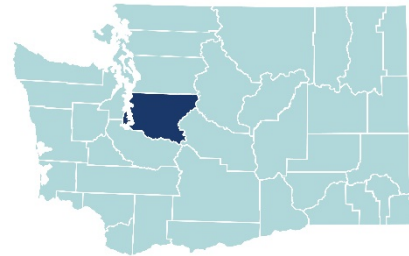
OOPM: \$8,700

Primary Care Visit: \$60 copay with deductible/ 10% coinsurance after deductible

Specialist Visit: \$60 copay with deductible/ 10% coinsurance after deductible

Urgent Care: \$60 copay with deductible/ 10% coinsurance after deductible

Generic Drugs: \$15 copay



1 County: King

**Plan Name: Regence Cascade Bronze
Individual and Family Network**

**Metal Level:
BRONZE**

Plan Type: EPO

Premium Range:
Low: \$329 (Rating Area 1)
High: \$369 (Rating Area 2)

Deductible: \$6,000

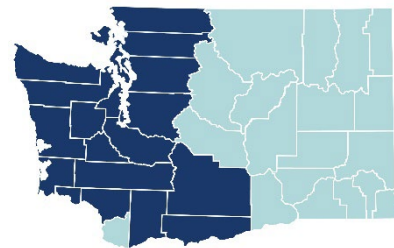
OOPM: \$8,550

Primary Care Visit: \$50 copay

Specialist Visit: \$100 copay after deductible

Urgent Care: \$100 copay

Generic Drugs: \$32 copay



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

**Plan Name: Regence Cascade Bronze
MultiCare Connected Care Network**

**Metal Level:
BRONZE**

Plan Type: EPO

Deductible: \$6,000

OOPM: \$8,550

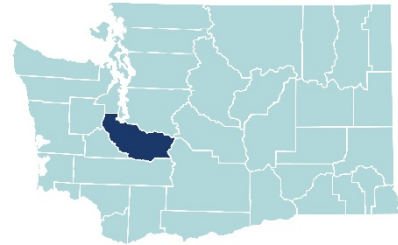
Primary Care Visit: \$50 copay

Specialist Visit: \$100 copay after deductible

Urgent Care: \$100 copay

Generic Drugs: \$32 copay

Premium: \$331
(Rating Area 5)



1 County: Pierce

**Plan Name: Regence Cascade Bronze
UW Medicine Network**

**Metal Level:
BRONZE**

Plan Type: EPO

Deductible: \$6,000

OOPM: \$8,550

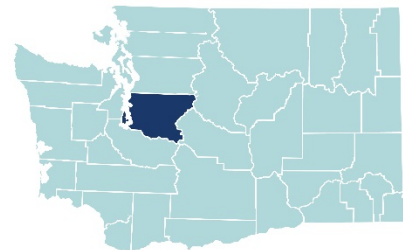
Primary Care Visit: \$50 copay

Specialist Visit: \$100 copay after deductible

Urgent Care: \$100 copay

Generic Drugs: \$32 copay

Premium: \$324
(Rating Area 1)



1 County: King

REGENCE BLUESHIELD

**Plan Name: Regence Cascade Bronze
Eastside Health Network**

**Metal Level:
BRONZE**

Plan Type: EPO

**Premium: \$323
(Rating Area 1)**

Deductible: \$6,000

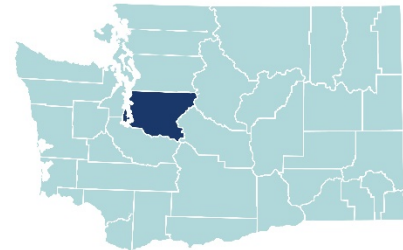
OOPM: \$8,550

Primary Care Visit: \$50 copay

Specialist Visit: \$100 copay after deductible

Urgent Care: \$100 copay

Generic Drugs: \$32 copay



1 County: King

UNITEDHEALTHCARE OF OREGON, INC.

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

Metal Level:
GOLD

Plan Type: EPO

Premium Range:
Low: \$471 (Rating Area 4)
High: \$540 (Rating Area 6)

Deductible: \$500 Medical / \$0 Drug

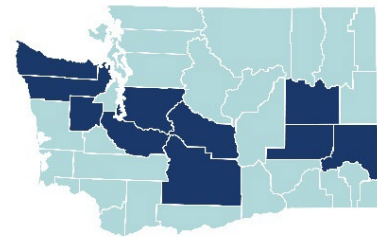
OOPM: \$5,250

Primary Care Visit: \$15 copay

Specialist Visit: \$40 copay

Urgent Care: \$35 copay

Generic Drugs: \$10 copay



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

Plan Name: UHC Gold Value +

Metal Level:
GOLD

Plan Type: EPO

Premium Range:
Low: \$444 (Rating Area 4)
High: \$509 (Rating Area 6)

Deductible: \$1,500

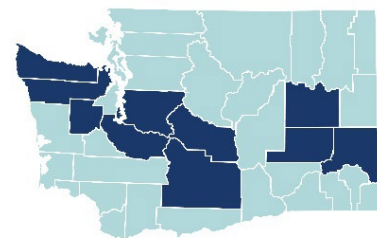
OOPM: \$7,500

Primary Care Visit: \$30 copay

Specialist Visit: \$50 copay

Urgent Care: \$50 copay

Generic Drugs: \$5 copay



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

UNITEDHEALTHCARE OF OREGON, INC.

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

**Metal Level:
SILVER**

Plan Type: EPO

Deductible: \$2,000

OOPM: \$7,800

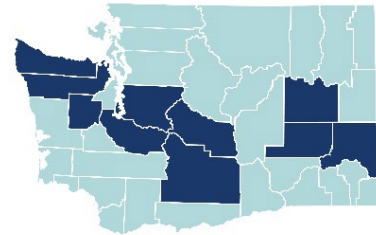
Primary Care Visit: \$25 copay

Specialist Visit: \$60 copay

Urgent Care: \$60 copay

Generic Drugs: \$20 copay

Premium Range:
Low: \$403 (Rating Area 4)
High: \$462 (Rating Area 6)



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

Plan Name: UHC Silver Value +

**Metal Level:
SILVER**

Plan Type: EPO

Deductible: \$3,500

OOPM: \$8,000

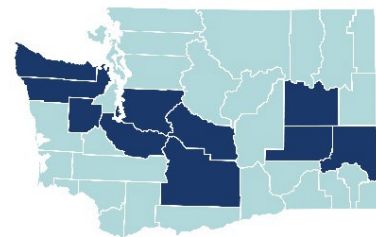
Primary Care Visit: \$25 copay

Specialist Visit: \$50 copay

Urgent Care: \$60 copay

Generic Drugs: \$15 copay

Premium Range:
Low: \$402 (Rating Area 4)
High: \$461 (Rating Area 6)



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

UNITEDHEALTHCARE OF OREGON, INC.

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

Metal Level:
BRONZE

Plan Type: EPO

Deductible: \$6,000

OOPM: \$8,550

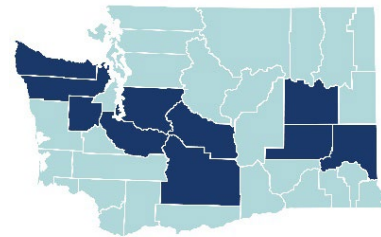
Primary Care Visit: \$50 copay

Specialist Visit: \$100 copay after deductible

Urgent Care: \$100 copay

Generic Drugs: \$32 copay

Premium Range:
Low: \$307 (Rating Area 4)
High: \$352 (Rating Area 6)



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

Plan Name: UHC Bronze Value +

Metal Level:
BRONZE

Plan Type: EPO

Deductible: \$8,400

OOPM: \$8,700

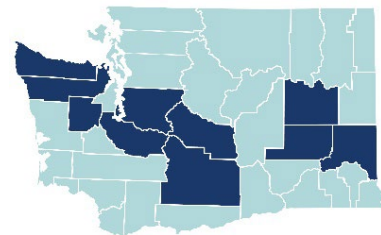
Primary Care Visit: \$50 copay

Specialist Visit: 50% coinsurance after deductible

Urgent Care: \$80 copay

Generic Drugs: \$20 copay

Premium Range:
Low: \$301 (Rating Area 4)
High: \$345 (Rating Area 6)



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

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

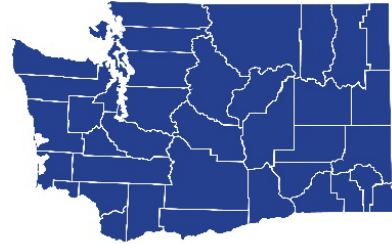
Dental Cleaning: No charge

Filling (Amalgam): 30% coinsurance after deductible

X-rays: No charge

Monthly Premium

Child - \$44.52



All Washington Counties

Plan Name: KP WA Pediatric Dental 100

Coverage: High

Plan Type: EPO

Deductible: \$50

Annual Benefit Limit: Unlimited

OOPM: \$375/child; \$750/2+ children

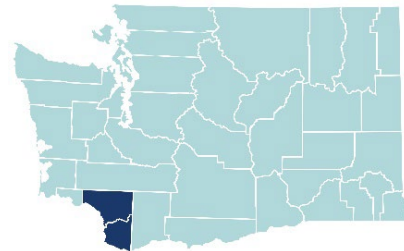
Dental Cleaning: No charge

Filling (Amalgam): 20% coinsurance after deductible

X-rays: No Charge

Monthly Premium

Child - \$27.24



2 Counties: Clark, Cowlitz

PEDIATRIC DENTAL

Plan Name: Lifewise Individual Pediatric Dental Plan

Monthly Premium
Child - \$30.72

Coverage: Low

Plan Type: PPO

Deductible: \$65

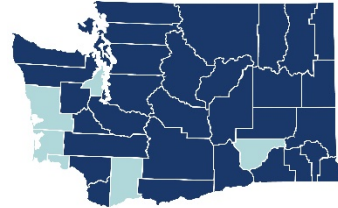
Annual Benefit Limit: Unlimited

OOPM: \$375/child; \$750/2+ children

Dental Cleaning: 10% coinsurance after deductible

Filling (Amalgam): 20% coinsurance after deductible

X-rays: 10% coinsurance after deductible



35 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, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima

Plan Name: Premera Blue Cross Individual Pediatric Dental Plan

Monthly Premium
Child - \$30.72

Coverage: Low

Plan Type: PPO

Deductible: \$65

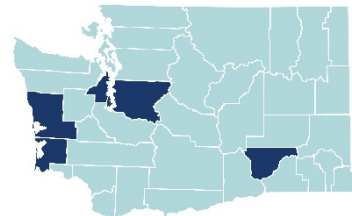
Annual Benefit Limit: Unlimited

OOPM: \$375/child; \$750/2+ children

Dental Cleaning: 10% coinsurance after deductible

Filling (Amalgam): 20% coinsurance after deductible

X-rays: 10% coinsurance after deductible



5 Counties: Franklin, Grays Harbor, King, Kitsap, Pacific

PEDIATRIC DENTAL

Plan Name: Dental PPO 0-20-50 1500

Coverage: PPO

Plan Type: High

Deductible: \$50

Annual Benefit Limit: \$0 for child; \$1,500 / adult

OOPM: \$ 375/child; \$750 /2+ children; N/A for adult

Dental Cleaning: No charge

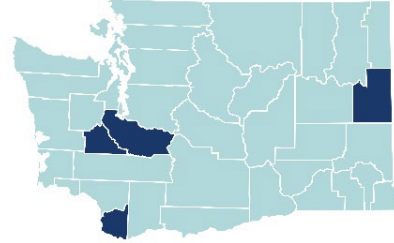
Filling (Amalgam): 20% coinsurance after deductible/ adult
20% coinsurance / child

X-rays: No charge

Monthly Premium

Child - \$ 44

Adult - \$ 71



4 Counties: Clark, Pierce, Spokane, Thurston

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

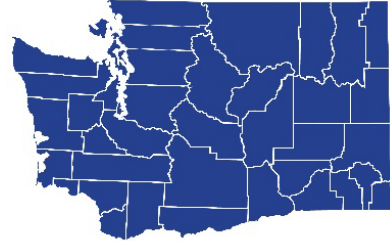
30% coinsurance after deductible / child

X-rays: No charge

Monthly Premium

Child - \$45.56

Adult - \$37.04



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: \$375/child; \$750/2+ children; N/A for adult

Dental Cleaning: No charge after deductible

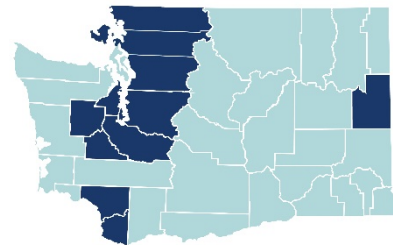
Filling (Amalgam): 50% coinsurance after deductible

X-rays: No charge

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

Coverage: Low

Plan Type: PPO

Deductible: \$65

Annual Benefit Limit: Unlimited

OOPM: \$375/child; \$750/2+ children

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

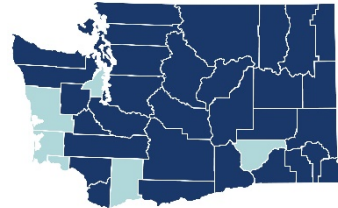
Filling (Amalgam): 20% coinsurance after deductible/ child
40% coinsurance after deductible/ adult;

X-rays: 10% coinsurance after deductible

Monthly Premium

Child - \$30.97

Adult - \$36.17



35 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, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima

Plan Name: Dental PPO 0-20-50 1000

Coverage: PPO

Plan Type: High

Deductible: \$50

Annual Benefit Limit: \$0 for child; \$1,000 / adult

OOPM: \$375/child; \$750 /2+ children; N/A for adult

Dental Cleaning: No charge

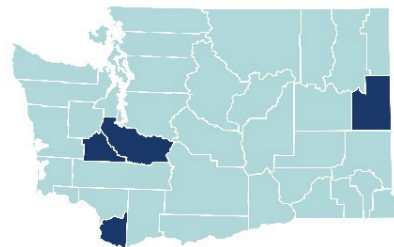
Filling (Amalgam): 20% coinsurance after deductible/ adult
20% coinsurance / child

X-rays: No charge

Monthly Premium

Child - \$ 44

Adult - \$ 63



4 Counties: Clark, Pierce, Spokane, Thurston

FAMILY DENTAL

Plan Name: Dental PPO 0-20-50 1500

Coverage: PPO

Plan Type: High

Deductible: \$50

Annual Benefit Limit: \$0 for child; \$1,500 / adult

OOPM: \$ 375/child; \$750 /2+ children; N/A for adult

Dental Cleaning: No charge

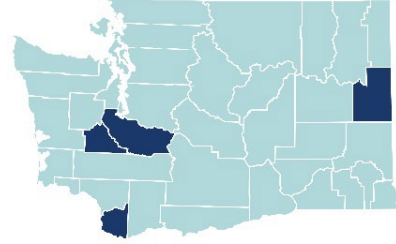
Filling (Amalgam): 20% coinsurance after deductible/ adult
20% coinsurance / child

X-rays: No charge

Monthly Premium

Child - \$ 44

Adult - \$ 71



4 Counties: Clark, Pierce, Spokane, Thurston

APPENDIX I

All plans listed have met the 19 certification criteria.

EXCHANGE INDIVIDUAL MARKET

BridgeSpan Health Company

BridgeSpan Cascade Gold
BridgeSpan Cascade Silver
BridgeSpan Cascade Bronze
BridgeSpan Cascade Select Gold
BridgeSpan Cascade Select Silver
BridgeSpan Cascade Select Bronze
Bronze Care on Demand 8000
Bronze Essential 7500
Bronze HDHP 6500

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 Gold
Ambetter Cascade Silver
Ambetter Cascade Bronze
Ambetter Cascade Select Gold
Ambetter Cascade Select Silver
Ambetter Cascade Select Bronze
Ambetter Balanced Care 1
Ambetter Balanced Care 1 + Vision
Ambetter Balanced Care 4
Ambetter Balanced Care 4 + Vision
Ambetter Essential Care 1
Ambetter Essential Care 1 + Vision
Ambetter Essential Care: \$0 Medical Deductible
Ambetter Essential Care: \$0 Medical Deductible + Vision
Ambetter Secure Care 5
Ambetter Secure Care 5 + Vision
Ambetter Secure Care 20
Ambetter Secure Care 20 + 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 2000/30
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 – 22
Flex Silver – 22
Flex Bronze – 22
Virtual Plus Silver – 22
Virtual Plus Bronze – 22
Bronze HSA – 22
Bronze – 22
Basics Plus Catastrophic Plan – 22

LifeWise Health Plan of Washington

LifeWise Cascade Gold
LifeWise Cascade Silver
LifeWise Cascade Bronze
LifeWise Cascade Select Gold
LifeWise Cascade Select Silver
LifeWise Cascade Select Bronze
LifeWise Essential Gold
LifeWise Essential Bronze
LifeWise Essential Bronze HSA
LifeWise Essential Silver Low Deductible

APPENDIX I

Molina Healthcare of Washington

Molina Cascade Gold
Molina Cascade Silver
Molina Cascade Bronze
Molina Choice Gold
Constant Care Silver 1
Core Care Bronze 1

PacificSource Health Plans

PacificSource Cascade Gold
PacificSource Cascade Silver
PacificSource Cascade Bronze
Navigator Gold 2000
Navigator Silver 5000
Navigator Bronze 7000
Navigator Bronze HSA 7000
Navigator Catastrophic

Premera Blue Cross

Premera Blue Cross Cascade Gold
Premera Blue Cross Cascade Silver
Premera Blue Cross Cascade Bronze
Premera Blue Cross Preferred Gold EPO 1500
Premera Blue Cross Preferred Silver EPO 4100
Premera Blue Cross Preferred Bronze EPO 6350
Premera Blue Cross Preferred Bronze HSA EPO 6100

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
UHC Gold Value+
UHC Silver Value+
UHC Bronze Value+

Regence BlueShield

Regence Cascade Gold Eastside Health Network
Regence Cascade Gold Individual and Family Network
Regence Cascade Gold MultiCare Connected Care Network
Regence Cascade Gold UW Medicine Network
Regence Cascade Silver Eastside Health Network
Regence Cascade Silver Individual and Family Network
Regence Cascade Silver MultiCare Connected Care Network
Regence Cascade Silver UW Medicine Network
Regence Cascade Bronze Eastside Health Network
Regence Cascade Bronze Individual and Family Network
Regence Cascade Bronze MultiCare Connected Care Network
Regence Cascade Bronze UW Medicine Network
Gold 2500 with Vision Exam Exchange
Individual and Family Network
Silver 3200 Exchange Individual and Family Network
Bronze HDHP 6000 Exchange Individual and Family Network
Bronze Care on Demand 8500 Exchange
Individual and Family Network
Bronze Care on Demand 8500 MultiCare Connected Care
Bronze Essential 8000 Exchange Individual and Family Network
Bronze Essential 8000 with 4 Copay No Deductible
Office Visits MultiCare Connected Care
Bronze Essential 8000 with 4 Copay No Deductible
Office Visits Eastside Health Network
Bronze Essential 8000 with 4 Copay No Deductible
Office Visits UW Medicine

Regence BlueCross BlueShield of Oregon

Regence Cascade Gold Legacy LHP Network
Regence Cascade Gold PeaceHealth Network
Regence Cascade Silver Legacy LHP Network
Regence Cascade Silver PeaceHealth Network
Regence Cascade Bronze Legacy LHP Network
Regence Cascade Bronze PeaceHealth Network
Alliance Gold 2500 with Vision Exam Exchange Legacy LHP
Alliance Silver 3200 Exchange Legacy LHP
Alliance Bronze Care on Demand 8500 Exchange Legacy LHP
Alliance Bronze Essential 8000 Exchange Legacy LHP
Bronze Care on Demand 8500 Exchange PeaceHealth
Bronze Essential 8000 with 4 Copay No Deductible Office Visits
Exchange PeaceHealth

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

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

PacificSource Health Plans

Kids Dental PPO 0-20-50

Dental PPO 0-20-50 1000

Dental PPO 0-20-50 1500

Premera Blue Cross

Premera Blue Cross Individual Pediatric Dental Plan