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October 2022

## IMPORTANT NOTICE ABOUT YOUR HEALTH CARE PLAN COVERAGE

**Re: - Premium Rate Change Effective January 1, 2023**

- **Eligibility Verification Form Due December 15, 2022 (*Action Required*)**
- **There May Be Lower Cost Coverage Options Available For You**

Your Current Plan is:

«Plan»

Dear «First»,

This letter contains important information about your **premium rate change effective January 1, 2023** and Eligibility Verification Form that must be returned to us by December 15 to renew WSHIP coverage. **You may also want to explore other coverage options available in the market.** We have included information about how to buy new coverage from the Washington Healthplanfinder or directly from an insurance company. **Premiums may be less than WSHIP**, and you cannot be turned down or charged more due to pre-existing conditions. Your savings may be even greater if you qualify for federal tax credits for coverage purchased from the Washington Healthplanfinder. Please read this information carefully and contact us at **1-800-877-5187** if you have any questions.

### 2023 WSHIP Premium Rates

Your WSHIP monthly premium rate will be changing effective January 1, 2023.

The following is important information about our 2023 rates:

- All rates have been calculated in accordance with Washington State law (RCW 48.41.200).
- Rates for WSHIP Preferred Provider Plans continue to be set as low as the law will allow.
- Rates are segmented into nine geographic regions within the state of Washington.
- Please consult the **enclosed premium rate chart** to locate the rates for WSHIP plans available in 2023. Your rate will be based on plan selection, geographic location, age, and tobacco-use status.

### Premium Invoices, Due Dates, and Payments by Third Parties

Invoices for WSHIP premiums are mailed directly to enrollees. Your premiums must be paid on or before the due date or during a 31-day grace period that follows. If your premium is not received before the end of the grace period, your coverage ends at the end of the period for which your premium was paid. Monthly premium payment is available by bank draft only. Other payment options include quarterly, semi-annual, or yearly. If you would like to change your current method of payment, please contact 1-800-877-5187. **If a third party is paying your premium, please be sure to contact them for instructions on how to forward your WSHIP invoice for timely payment.**

## Eligibility Verification Form Due December 15, 2022

WSHIP is required to verify continued eligibility of all enrollees. This eligibility verification requirement is combined with our yearly rate notice to simplify the process of returning this information to us. Please return the enclosed purple form by December 15.

## How to Renew or Buy New Coverage for 2023

You have the option to renew your current WSHIP plan, change to a new WSHIP plan (some restrictions apply) or buy new coverage from the Washington Healthplanfinder or private market.

In making your choice, please consider the following information:

- **WSHIP premiums are higher**
  - By law, WSHIP premiums are generally higher than premiums in the market so we encourage you to explore all your coverage options. You cannot be turned down or charged more because you have a pre-existing condition.
  - Your savings may be even greater if you qualify for federal tax credits available for coverage purchased through the Washington Healthplanfinder.
  
- **December 15 is the deadline for January 1, 2023 coverage**
  - You must renew or enroll in new coverage by December 15 for a January 1 effective date.
  - Open enrollment for the Washington Healthplanfinder or when buying from an insurance company begins November 1.
  
- **If you cancel your WSHIP coverage or it is terminated, you may not be able to re-enroll in WSHIP**
  - You can only re-enroll in WSHIP if an individual health plan is not offered in your county during defined open enrollment or special enrollment periods or you become eligible for WSHIP's Medicare plan. Generally, you must also wait until 12 months have elapsed since your WSHIP termination to re-enroll.
  
- **Check to see if you are eligible for Medicaid (also called "Apple Health")**
  - Medicaid is the joint state-federal government health insurance program for lower-income individuals. It was expanded in our state as part of the Affordable Care Act.
  - If you are eligible for Medicaid, you are no longer eligible for WSHIP coverage. To avoid a retroactive cancellation of your WSHIP coverage, please be sure to check your eligibility for Medicaid if you think you may qualify.
  - There is no open enrollment period for Medicaid, so you can apply throughout the year. You can submit a single application through the Washington Healthplanfinder to find out if you are eligible for Medicaid or federal tax credits. For more information about Medicaid, please visit [www.hca.wa.gov](http://www.hca.wa.gov) or [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org).

## Steps for Renewing, Changing, or Buying New Coverage For 2023

<b>Step 1</b>	<b>Review the enclosed WSHIP 2023 Monthly Premium Rates.</b>
<b>Step 2</b>	<b>Find out if you are eligible for Medicaid or federal tax credits for plans offered through the Washington Healthplanfinder.</b> Call 1-855-923-4633 or visit <a href="http://www.wahealthplanfinder.org">www.wahealthplanfinder.org</a> .
<b>Step 3</b>	<b>Compare your options.</b> Compare your WSHIP coverage and premium to coverage options available through the Washington Healthplanfinder or directly from insurance companies. When comparing plans, be sure to also look at their provider network and prescription drug formulary. Out-of-pocket costs can be substantially higher if you use out-of-network providers or non-formulary prescription drugs. If you have questions, please contact your insurance agent or broker, or call the Washington Healthplanfinder at 1-855-923-4633 or WSHIP Customer Service at 1-800-877-5187.
<b>Step 4</b>	<b>To renew WSHIP coverage or change WSHIP plans:</b> <ol style="list-style-type: none"><li>1. Fill out and return the enclosed (purple) Eligibility Verification Form <u>by December 15</u>.</li><li>2. If you want to change to a different WSHIP plan, also fill out and return the enclosed (pink) Plan Change Form <u>by December 15</u>.</li></ol> <p><b><u>OR</u></b></p> <p><b>To cancel your WSHIP coverage and buy new coverage:</b></p> <p>Please use the enclosed postage-paid return envelope to let us know you are cancelling your WSHIP coverage. If we do not receive notice of cancellation, your coverage will be renewed pending receipt of your Eligibility Verification Form.</p>

### Questions? Need Assistance?

If you have questions or need assistance during this year's WSHIP open enrollment, please call WSHIP Customer Service at **1-800-877-5187** or visit our website at [www.wship.org](http://www.wship.org). Information for Washington Healthplanfinder is available at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org) or by calling 1-855-923-4633.

### Enclosures:

- **2023 WSHIP Premium Rates**
- **Eligibility Verification Form** (Purple Paper) – **RETURN by December 15**
- **Plan Change Form** (Pink Paper) – **RETURN by December 15** along with your Eligibility Verification Form if you would like to change WSHIP plans. This form may also be used to report any changes to your address or telephone number; simply draw a line through any incorrect information and write the correct information next to it.
- **2023 Benefit Plans Summary and Comparison Chart**
- **Personalized Schedule of Benefits**
- **Return Envelope**

### ***Important Deadline***

**December 15** is the deadline to return your WSHIP Eligibility Verification Form and Plan Change Form, or enroll in new coverage through the Washington Healthplanfinder or directly from insurance companies.

**Washington State Health Insurance Pool (WSHIP)  
2023 Monthly Premium Rates**

**PREFERRED PROVIDER PLANS (PPO Plans)**

**Area 1: King County**

Age	Non-Smoker Rates Deductible					Smoker Rates Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000	\$500	\$1,000	\$2,500	\$5,000	\$3000
0-14	\$824	\$709	\$423	\$361	\$385	\$824	\$709	\$423	\$361	\$385
15	\$897	\$772	\$461	\$393	\$419	\$897	\$772	\$461	\$393	\$419
16	\$925	\$797	\$475	\$405	\$432	\$925	\$797	\$475	\$405	\$432
17	\$953	\$821	\$490	\$418	\$445	\$953	\$821	\$490	\$418	\$445
18	\$983	\$847	\$505	\$431	\$459	\$983	\$847	\$505	\$431	\$459
19	\$1,014	\$873	\$521	\$444	\$473	\$1,014	\$873	\$521	\$444	\$473
20	\$1,045	\$899	\$537	\$458	\$488	\$1,045	\$899	\$537	\$458	\$488
21	\$1,077	\$927	\$553	\$472	\$503	\$1,194	\$1,028	\$613	\$523	\$558
22	\$1,077	\$927	\$553	\$472	\$503	\$1,194	\$1,028	\$613	\$523	\$558
23	\$1,077	\$927	\$553	\$472	\$503	\$1,194	\$1,028	\$613	\$523	\$558
24	\$1,077	\$927	\$553	\$472	\$503	\$1,194	\$1,028	\$613	\$523	\$558
25	\$1,081	\$931	\$555	\$474	\$505	\$1,199	\$1,032	\$615	\$526	\$560
26	\$1,103	\$950	\$566	\$483	\$515	\$1,223	\$1,053	\$628	\$536	\$571
27	\$1,129	\$972	\$580	\$495	\$527	\$1,252	\$1,078	\$643	\$549	\$584
28	\$1,171	\$1,008	\$601	\$513	\$547	\$1,298	\$1,118	\$666	\$569	\$607
29	\$1,205	\$1,038	\$619	\$528	\$563	\$1,336	\$1,151	\$686	\$585	\$624
30	\$1,223	\$1,052	\$628	\$536	\$571	\$1,356	\$1,166	\$696	\$594	\$633
31	\$1,248	\$1,075	\$641	\$547	\$583	\$1,384	\$1,192	\$711	\$607	\$646
32	\$1,274	\$1,097	\$654	\$558	\$595	\$1,413	\$1,216	\$725	\$619	\$660
33	\$1,290	\$1,111	\$663	\$566	\$602	\$1,430	\$1,232	\$735	\$628	\$668
34	\$1,308	\$1,126	\$672	\$573	\$610	\$1,450	\$1,249	\$745	\$635	\$676
35	\$1,316	\$1,133	\$676	\$577	\$614	\$1,459	\$1,256	\$750	\$640	\$681
36	\$1,325	\$1,141	\$680	\$581	\$618	\$1,469	\$1,265	\$754	\$644	\$685
37	\$1,334	\$1,148	\$685	\$584	\$622	\$1,479	\$1,273	\$760	\$648	\$690
38	\$1,342	\$1,155	\$689	\$588	\$627	\$1,488	\$1,281	\$764	\$652	\$695
39	\$1,359	\$1,170	\$698	\$596	\$635	\$1,507	\$1,297	\$774	\$661	\$704
40	\$1,377	\$1,185	\$707	\$603	\$643	\$1,527	\$1,314	\$784	\$669	\$713
41	\$1,402	\$1,207	\$720	\$615	\$655	\$1,555	\$1,338	\$798	\$682	\$726
42	\$1,427	\$1,229	\$733	\$625	\$666	\$1,582	\$1,363	\$813	\$693	\$738
43	\$1,462	\$1,258	\$751	\$641	\$682	\$1,621	\$1,395	\$833	\$711	\$756
44	\$1,505	\$1,295	\$773	\$659	\$702	\$1,669	\$1,436	\$857	\$731	\$778
45	\$1,555	\$1,339	\$799	\$682	\$726	\$1,724	\$1,485	\$886	\$756	\$805
46	\$1,616	\$1,391	\$830	\$708	\$754	\$1,792	\$1,542	\$920	\$785	\$836
47	\$1,684	\$1,449	\$865	\$738	\$786	\$1,867	\$1,607	\$959	\$818	\$872
48	\$1,761	\$1,516	\$904	\$772	\$822	\$1,953	\$1,681	\$1,002	\$856	\$911
49	\$1,838	\$1,582	\$944	\$805	\$858	\$2,038	\$1,754	\$1,047	\$893	\$951
50	\$1,924	\$1,656	\$988	\$843	\$898	\$2,133	\$1,836	\$1,096	\$935	\$996
51	\$2,009	\$1,729	\$1,032	\$880	\$938	\$2,228	\$1,917	\$1,144	\$976	\$1,040
52	\$2,103	\$1,810	\$1,080	\$921	\$981	\$2,332	\$2,007	\$1,198	\$1,021	\$1,088
53	\$2,197	\$1,892	\$1,128	\$963	\$1,026	\$2,436	\$2,098	\$1,251	\$1,068	\$1,138
54	\$2,300	\$1,980	\$1,181	\$1,008	\$1,074	\$2,550	\$2,195	\$1,310	\$1,118	\$1,191
55	\$2,402	\$2,068	\$1,234	\$1,053	\$1,121	\$2,663	\$2,293	\$1,368	\$1,168	\$1,243
56	\$2,513	\$2,163	\$1,291	\$1,101	\$1,173	\$2,786	\$2,398	\$1,431	\$1,221	\$1,301
57	\$2,625	\$2,260	\$1,348	\$1,150	\$1,225	\$2,911	\$2,506	\$1,495	\$1,275	\$1,358
58	\$2,745	\$2,363	\$1,409	\$1,203	\$1,281	\$3,044	\$2,620	\$1,562	\$1,334	\$1,420
59	\$2,804	\$2,414	\$1,440	\$1,229	\$1,309	\$3,109	\$2,677	\$1,597	\$1,363	\$1,451
60	\$2,923	\$2,517	\$1,501	\$1,281	\$1,365	\$3,241	\$2,791	\$1,664	\$1,420	\$1,514
61	\$3,027	\$2,606	\$1,554	\$1,326	\$1,413	\$3,356	\$2,890	\$1,723	\$1,470	\$1,567
62	\$3,095	\$2,664	\$1,589	\$1,356	\$1,445	\$3,432	\$2,954	\$1,762	\$1,504	\$1,602
63	\$3,180	\$2,737	\$1,633	\$1,393	\$1,484	\$3,526	\$3,035	\$1,811	\$1,545	\$1,645
64	\$3,231	\$2,782	\$1,659	\$1,416	\$1,508	\$3,583	\$3,085	\$1,840	\$1,570	\$1,672
65+	\$3,231	\$2,782	\$1,659	\$1,416	\$1,508	\$3,583	\$3,085	\$1,840	\$1,570	\$1,672

**Washington State Health Insurance Pool (WSHIP)  
2023 Monthly Premium Rates**

**PREFERRED PROVIDER PLANS (PPO Plans)**

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

Age	Non-Smoker Rates					Smoker Rates				
	Deductible					Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000	\$500	\$1,000	\$2,500	\$5,000	\$3000
0-14	\$914	\$786	\$469	\$400	\$427	\$914	\$786	\$469	\$400	\$427
15	\$995	\$856	\$511	\$436	\$465	\$995	\$856	\$511	\$436	\$465
16	\$1,026	\$884	\$527	\$449	\$479	\$1,026	\$884	\$527	\$449	\$479
17	\$1,057	\$910	\$543	\$463	\$493	\$1,057	\$910	\$543	\$463	\$493
18	\$1,090	\$939	\$560	\$478	\$509	\$1,090	\$939	\$560	\$478	\$509
19	\$1,124	\$968	\$578	\$492	\$524	\$1,124	\$968	\$578	\$492	\$524
20	\$1,159	\$997	\$595	\$508	\$541	\$1,159	\$997	\$595	\$508	\$541
21	\$1,194	\$1,028	\$613	\$523	\$558	\$1,324	\$1,140	\$680	\$580	\$619
22	\$1,194	\$1,028	\$613	\$523	\$558	\$1,324	\$1,140	\$680	\$580	\$619
23	\$1,194	\$1,028	\$613	\$523	\$558	\$1,324	\$1,140	\$680	\$580	\$619
24	\$1,194	\$1,028	\$613	\$523	\$558	\$1,324	\$1,140	\$680	\$580	\$619
25	\$1,199	\$1,032	\$615	\$526	\$560	\$1,329	\$1,144	\$682	\$583	\$621
26	\$1,223	\$1,053	\$628	\$536	\$571	\$1,356	\$1,168	\$696	\$594	\$633
27	\$1,252	\$1,078	\$643	\$549	\$584	\$1,388	\$1,195	\$713	\$609	\$648
28	\$1,298	\$1,118	\$666	\$569	\$607	\$1,439	\$1,240	\$738	\$631	\$673
29	\$1,336	\$1,151	\$686	\$585	\$624	\$1,481	\$1,276	\$761	\$649	\$692
30	\$1,356	\$1,167	\$696	\$594	\$633	\$1,504	\$1,294	\$772	\$659	\$702
31	\$1,384	\$1,192	\$711	\$607	\$646	\$1,535	\$1,322	\$788	\$673	\$716
32	\$1,413	\$1,216	\$725	\$619	\$660	\$1,567	\$1,348	\$804	\$686	\$732
33	\$1,430	\$1,232	\$735	\$628	\$668	\$1,586	\$1,366	\$815	\$696	\$741
34	\$1,450	\$1,249	\$745	\$635	\$676	\$1,608	\$1,385	\$826	\$704	\$750
35	\$1,459	\$1,256	\$750	\$640	\$681	\$1,618	\$1,393	\$832	\$710	\$755
36	\$1,469	\$1,265	\$754	\$644	\$685	\$1,629	\$1,403	\$836	\$714	\$760
37	\$1,479	\$1,273	\$760	\$648	\$690	\$1,640	\$1,412	\$843	\$719	\$765
38	\$1,488	\$1,281	\$764	\$652	\$695	\$1,650	\$1,420	\$847	\$723	\$771
39	\$1,507	\$1,297	\$774	\$661	\$704	\$1,671	\$1,438	\$858	\$733	\$781
40	\$1,527	\$1,314	\$784	\$669	\$713	\$1,693	\$1,457	\$869	\$742	\$791
41	\$1,555	\$1,338	\$798	\$682	\$726	\$1,724	\$1,484	\$885	\$756	\$805
42	\$1,582	\$1,363	\$813	\$693	\$738	\$1,754	\$1,511	\$901	\$768	\$818
43	\$1,621	\$1,395	\$833	\$711	\$756	\$1,797	\$1,547	\$924	\$788	\$838
44	\$1,669	\$1,436	\$857	\$731	\$778	\$1,851	\$1,592	\$950	\$811	\$863
45	\$1,724	\$1,485	\$886	\$756	\$805	\$1,912	\$1,647	\$982	\$838	\$893
46	\$1,792	\$1,542	\$920	\$785	\$836	\$1,987	\$1,710	\$1,020	\$870	\$927
47	\$1,867	\$1,607	\$959	\$818	\$872	\$2,070	\$1,782	\$1,063	\$907	\$967
48	\$1,953	\$1,681	\$1,002	\$856	\$911	\$2,166	\$1,864	\$1,111	\$949	\$1,010
49	\$2,038	\$1,754	\$1,047	\$893	\$951	\$2,260	\$1,945	\$1,161	\$990	\$1,054
50	\$2,133	\$1,836	\$1,096	\$935	\$996	\$2,365	\$2,036	\$1,215	\$1,037	\$1,104
51	\$2,228	\$1,917	\$1,144	\$976	\$1,040	\$2,470	\$2,126	\$1,268	\$1,082	\$1,153
52	\$2,332	\$2,007	\$1,198	\$1,021	\$1,088	\$2,586	\$2,225	\$1,328	\$1,132	\$1,206
53	\$2,436	\$2,098	\$1,251	\$1,068	\$1,138	\$2,701	\$2,326	\$1,387	\$1,184	\$1,262
54	\$2,550	\$2,196	\$1,310	\$1,118	\$1,191	\$2,828	\$2,435	\$1,453	\$1,240	\$1,321
55	\$2,663	\$2,293	\$1,368	\$1,168	\$1,243	\$2,953	\$2,543	\$1,517	\$1,295	\$1,378
56	\$2,787	\$2,398	\$1,432	\$1,221	\$1,301	\$3,090	\$2,659	\$1,588	\$1,354	\$1,443
57	\$2,911	\$2,506	\$1,495	\$1,275	\$1,358	\$3,228	\$2,779	\$1,658	\$1,414	\$1,506
58	\$3,044	\$2,620	\$1,562	\$1,334	\$1,420	\$3,375	\$2,905	\$1,732	\$1,479	\$1,575
59	\$3,109	\$2,677	\$1,597	\$1,363	\$1,451	\$3,447	\$2,968	\$1,771	\$1,511	\$1,609
60	\$3,241	\$2,791	\$1,664	\$1,420	\$1,514	\$3,594	\$3,095	\$1,845	\$1,575	\$1,679
61	\$3,356	\$2,890	\$1,723	\$1,470	\$1,567	\$3,721	\$3,205	\$1,911	\$1,630	\$1,738
62	\$3,432	\$2,954	\$1,762	\$1,504	\$1,602	\$3,805	\$3,275	\$1,954	\$1,668	\$1,776
63	\$3,526	\$3,035	\$1,811	\$1,545	\$1,646	\$3,910	\$3,365	\$2,008	\$1,713	\$1,825
64	\$3,583	\$3,085	\$1,840	\$1,570	\$1,672	\$3,973	\$3,421	\$2,040	\$1,741	\$1,854
65+	\$3,583	\$3,085	\$1,840	\$1,570	\$1,672	\$3,973	\$3,421	\$2,040	\$1,741	\$1,854

**Washington State Health Insurance Pool (WSHIP)  
2023 Monthly Premium Rates**

**PREFERRED PROVIDER PLANS (PPO Plans)**

**Area 3: Clark, Klickitat, Skamania Counties**

Age	Non-Smoker Rates Deductible					Smoker Rates Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000	\$500	\$1,000	\$2,500	\$5,000	\$3000
0-14	\$809	\$696	\$415	\$354	\$378	\$809	\$696	\$415	\$354	\$378
15	\$880	\$758	\$452	\$386	\$411	\$880	\$758	\$452	\$386	\$411
16	\$908	\$782	\$466	\$397	\$424	\$908	\$782	\$466	\$397	\$424
17	\$935	\$806	\$481	\$410	\$437	\$935	\$806	\$481	\$410	\$437
18	\$965	\$831	\$496	\$423	\$450	\$965	\$831	\$496	\$423	\$450
19	\$995	\$857	\$511	\$436	\$464	\$995	\$857	\$511	\$436	\$464
20	\$1,026	\$882	\$527	\$449	\$479	\$1,026	\$882	\$527	\$449	\$479
21	\$1,057	\$910	\$543	\$463	\$494	\$1,172	\$1,009	\$602	\$513	\$548
22	\$1,057	\$910	\$543	\$463	\$494	\$1,172	\$1,009	\$602	\$513	\$548
23	\$1,057	\$910	\$543	\$463	\$494	\$1,172	\$1,009	\$602	\$513	\$548
24	\$1,057	\$910	\$543	\$463	\$494	\$1,172	\$1,009	\$602	\$513	\$548
25	\$1,061	\$914	\$545	\$465	\$496	\$1,176	\$1,013	\$604	\$516	\$550
26	\$1,082	\$932	\$555	\$474	\$505	\$1,200	\$1,033	\$615	\$526	\$560
27	\$1,108	\$954	\$569	\$486	\$517	\$1,229	\$1,058	\$631	\$539	\$573
28	\$1,149	\$989	\$590	\$503	\$537	\$1,274	\$1,097	\$654	\$558	\$595
29	\$1,183	\$1,019	\$607	\$518	\$553	\$1,312	\$1,130	\$673	\$574	\$613
30	\$1,200	\$1,032	\$616	\$526	\$560	\$1,331	\$1,144	\$683	\$583	\$621
31	\$1,225	\$1,055	\$629	\$537	\$572	\$1,358	\$1,170	\$697	\$595	\$634
32	\$1,250	\$1,077	\$642	\$548	\$584	\$1,386	\$1,194	\$712	\$608	\$648
33	\$1,266	\$1,090	\$651	\$555	\$591	\$1,404	\$1,209	\$722	\$615	\$655
34	\$1,284	\$1,105	\$660	\$562	\$599	\$1,424	\$1,225	\$732	\$623	\$664
35	\$1,292	\$1,112	\$663	\$566	\$603	\$1,433	\$1,233	\$735	\$628	\$669
36	\$1,300	\$1,120	\$667	\$570	\$607	\$1,441	\$1,242	\$740	\$632	\$673
37	\$1,309	\$1,127	\$672	\$573	\$610	\$1,451	\$1,250	\$745	\$635	\$676
38	\$1,317	\$1,134	\$676	\$577	\$615	\$1,460	\$1,257	\$750	\$640	\$682
39	\$1,334	\$1,148	\$685	\$585	\$623	\$1,479	\$1,273	\$760	\$649	\$691
40	\$1,351	\$1,163	\$694	\$592	\$631	\$1,498	\$1,290	\$770	\$656	\$700
41	\$1,376	\$1,185	\$707	\$604	\$643	\$1,526	\$1,314	\$784	\$670	\$713
42	\$1,400	\$1,206	\$719	\$613	\$654	\$1,552	\$1,337	\$797	\$680	\$725
43	\$1,435	\$1,235	\$737	\$629	\$669	\$1,591	\$1,369	\$817	\$697	\$742
44	\$1,477	\$1,271	\$759	\$647	\$689	\$1,638	\$1,409	\$842	\$717	\$764
45	\$1,526	\$1,314	\$784	\$669	\$712	\$1,692	\$1,457	\$869	\$742	\$789
46	\$1,586	\$1,365	\$815	\$695	\$740	\$1,759	\$1,514	\$904	\$771	\$821
47	\$1,653	\$1,422	\$849	\$724	\$771	\$1,833	\$1,577	\$941	\$803	\$855
48	\$1,728	\$1,488	\$887	\$758	\$807	\$1,916	\$1,650	\$984	\$840	\$895
49	\$1,804	\$1,553	\$926	\$790	\$842	\$2,000	\$1,722	\$1,027	\$876	\$934
50	\$1,888	\$1,625	\$970	\$827	\$881	\$2,093	\$1,802	\$1,076	\$917	\$977
51	\$1,972	\$1,697	\$1,013	\$864	\$921	\$2,187	\$1,882	\$1,123	\$958	\$1,021
52	\$2,064	\$1,776	\$1,060	\$904	\$963	\$2,289	\$1,969	\$1,175	\$1,002	\$1,068
53	\$2,156	\$1,857	\$1,107	\$945	\$1,007	\$2,391	\$2,059	\$1,227	\$1,048	\$1,117
54	\$2,257	\$1,943	\$1,159	\$989	\$1,054	\$2,503	\$2,154	\$1,285	\$1,097	\$1,169
55	\$2,357	\$2,030	\$1,211	\$1,033	\$1,100	\$2,614	\$2,251	\$1,343	\$1,145	\$1,220
56	\$2,466	\$2,123	\$1,267	\$1,081	\$1,151	\$2,734	\$2,354	\$1,405	\$1,199	\$1,276
57	\$2,576	\$2,218	\$1,323	\$1,129	\$1,202	\$2,856	\$2,459	\$1,467	\$1,252	\$1,333
58	\$2,694	\$2,319	\$1,383	\$1,181	\$1,257	\$2,987	\$2,571	\$1,534	\$1,310	\$1,394
59	\$2,752	\$2,369	\$1,413	\$1,206	\$1,285	\$3,051	\$2,627	\$1,567	\$1,337	\$1,425
60	\$2,869	\$2,470	\$1,473	\$1,257	\$1,340	\$3,181	\$2,739	\$1,633	\$1,394	\$1,486
61	\$2,971	\$2,558	\$1,525	\$1,301	\$1,387	\$3,294	\$2,836	\$1,691	\$1,443	\$1,538
62	\$3,037	\$2,614	\$1,559	\$1,331	\$1,418	\$3,368	\$2,898	\$1,729	\$1,476	\$1,572
63	\$3,121	\$2,686	\$1,603	\$1,367	\$1,456	\$3,461	\$2,978	\$1,777	\$1,516	\$1,614
64	\$3,171	\$2,730	\$1,628	\$1,390	\$1,480	\$3,516	\$3,027	\$1,805	\$1,541	\$1,641
65+	\$3,171	\$2,730	\$1,628	\$1,390	\$1,480	\$3,516	\$3,027	\$1,805	\$1,541	\$1,641

**Washington State Health Insurance Pool (WSHIP)  
2023 Monthly Premium Rates**

**PREFERRED PROVIDER PLANS (PPO Plans)**

**Area 4: Ferry, Lincoln, Pend Oreille, Spokane, Stevens**

Age	Non-Smoker Rates					Smoker Rates				
	Deductible					Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000	\$500	\$1,000	\$2,500	\$5,000	\$3000
0-14	\$835	\$718	\$428	\$366	\$390	\$835	\$718	\$428	\$366	\$390
15	\$909	\$782	\$467	\$398	\$424	\$909	\$782	\$467	\$398	\$424
16	\$937	\$807	\$481	\$410	\$438	\$937	\$807	\$481	\$410	\$438
17	\$965	\$832	\$496	\$423	\$451	\$965	\$832	\$496	\$423	\$451
18	\$996	\$858	\$512	\$437	\$465	\$996	\$858	\$512	\$437	\$465
19	\$1,027	\$884	\$528	\$450	\$479	\$1,027	\$884	\$528	\$450	\$479
20	\$1,059	\$911	\$544	\$464	\$494	\$1,059	\$911	\$544	\$464	\$494
21	\$1,091	\$939	\$560	\$478	\$510	\$1,210	\$1,041	\$621	\$530	\$566
22	\$1,091	\$939	\$560	\$478	\$510	\$1,210	\$1,041	\$621	\$530	\$566
23	\$1,091	\$939	\$560	\$478	\$510	\$1,210	\$1,041	\$621	\$530	\$566
24	\$1,091	\$939	\$560	\$478	\$510	\$1,210	\$1,041	\$621	\$530	\$566
25	\$1,095	\$943	\$562	\$480	\$512	\$1,214	\$1,046	\$623	\$532	\$568
26	\$1,117	\$962	\$573	\$489	\$522	\$1,239	\$1,067	\$635	\$542	\$579
27	\$1,144	\$985	\$588	\$501	\$534	\$1,268	\$1,092	\$652	\$556	\$592
28	\$1,186	\$1,021	\$609	\$520	\$554	\$1,315	\$1,132	\$675	\$577	\$614
29	\$1,221	\$1,051	\$627	\$535	\$570	\$1,354	\$1,165	\$695	\$593	\$632
30	\$1,239	\$1,066	\$636	\$543	\$578	\$1,374	\$1,182	\$705	\$602	\$641
31	\$1,264	\$1,089	\$649	\$554	\$591	\$1,402	\$1,208	\$720	\$614	\$655
32	\$1,291	\$1,111	\$662	\$565	\$603	\$1,431	\$1,232	\$734	\$626	\$669
33	\$1,307	\$1,125	\$672	\$573	\$610	\$1,449	\$1,247	\$745	\$635	\$676
34	\$1,325	\$1,141	\$681	\$580	\$618	\$1,469	\$1,265	\$755	\$643	\$685
35	\$1,333	\$1,148	\$685	\$584	\$622	\$1,478	\$1,273	\$760	\$648	\$690
36	\$1,342	\$1,156	\$689	\$589	\$626	\$1,488	\$1,282	\$764	\$653	\$694
37	\$1,351	\$1,163	\$694	\$592	\$630	\$1,498	\$1,290	\$770	\$656	\$699
38	\$1,359	\$1,170	\$698	\$596	\$635	\$1,507	\$1,297	\$774	\$661	\$704
39	\$1,377	\$1,185	\$707	\$604	\$643	\$1,527	\$1,314	\$784	\$670	\$713
40	\$1,395	\$1,200	\$716	\$611	\$651	\$1,547	\$1,331	\$794	\$677	\$722
41	\$1,420	\$1,223	\$729	\$623	\$664	\$1,575	\$1,356	\$808	\$691	\$736
42	\$1,446	\$1,245	\$743	\$633	\$675	\$1,603	\$1,380	\$824	\$702	\$748
43	\$1,481	\$1,274	\$761	\$649	\$691	\$1,642	\$1,413	\$844	\$720	\$766
44	\$1,525	\$1,312	\$783	\$668	\$711	\$1,691	\$1,455	\$868	\$741	\$788
45	\$1,575	\$1,356	\$809	\$691	\$735	\$1,746	\$1,504	\$897	\$766	\$815
46	\$1,637	\$1,409	\$841	\$717	\$764	\$1,815	\$1,562	\$933	\$795	\$847
47	\$1,706	\$1,468	\$876	\$748	\$796	\$1,892	\$1,628	\$971	\$829	\$883
48	\$1,784	\$1,536	\$916	\$782	\$833	\$1,978	\$1,703	\$1,016	\$867	\$924
49	\$1,862	\$1,603	\$956	\$815	\$869	\$2,065	\$1,777	\$1,060	\$904	\$964
50	\$1,949	\$1,677	\$1,001	\$854	\$910	\$2,161	\$1,859	\$1,110	\$947	\$1,009
51	\$2,035	\$1,751	\$1,045	\$891	\$950	\$2,256	\$1,942	\$1,159	\$988	\$1,053
52	\$2,130	\$1,833	\$1,094	\$933	\$994	\$2,362	\$2,032	\$1,213	\$1,035	\$1,102
53	\$2,226	\$1,917	\$1,143	\$975	\$1,039	\$2,468	\$2,126	\$1,267	\$1,081	\$1,152
54	\$2,330	\$2,006	\$1,196	\$1,021	\$1,088	\$2,584	\$2,224	\$1,326	\$1,132	\$1,206
55	\$2,433	\$2,095	\$1,250	\$1,067	\$1,136	\$2,698	\$2,323	\$1,386	\$1,183	\$1,260
56	\$2,546	\$2,191	\$1,308	\$1,115	\$1,188	\$2,823	\$2,429	\$1,450	\$1,236	\$1,317
57	\$2,659	\$2,289	\$1,365	\$1,165	\$1,241	\$2,948	\$2,538	\$1,514	\$1,292	\$1,376
58	\$2,781	\$2,394	\$1,427	\$1,219	\$1,298	\$3,084	\$2,655	\$1,582	\$1,352	\$1,439
59	\$2,840	\$2,445	\$1,459	\$1,245	\$1,326	\$3,149	\$2,711	\$1,618	\$1,380	\$1,470
60	\$2,961	\$2,550	\$1,520	\$1,298	\$1,383	\$3,283	\$2,828	\$1,685	\$1,439	\$1,534
61	\$3,066	\$2,640	\$1,574	\$1,343	\$1,431	\$3,400	\$2,927	\$1,745	\$1,489	\$1,587
62	\$3,135	\$2,699	\$1,610	\$1,374	\$1,464	\$3,476	\$2,993	\$1,785	\$1,524	\$1,623
63	\$3,221	\$2,773	\$1,654	\$1,411	\$1,503	\$3,572	\$3,075	\$1,834	\$1,565	\$1,667
64	\$3,273	\$2,818	\$1,681	\$1,434	\$1,528	\$3,629	\$3,125	\$1,864	\$1,590	\$1,694
65+	\$3,273	\$2,818	\$1,681	\$1,434	\$1,528	\$3,629	\$3,125	\$1,864	\$1,590	\$1,694

**Washington State Health Insurance Pool (WSHIP)  
2023 Monthly Premium Rates**

**PREFERRED PROVIDER PLANS (PPO Plans)**

**Area 5: Mason, Pierce, and Thurston Counties**

Age	Non-Smoker Rates					Smoker Rates				
	Deductible					Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000	\$500	\$1,000	\$2,500	\$5,000	\$3000
0-14	\$874	\$752	\$449	\$383	\$408	\$874	\$752	\$449	\$383	\$408
15	\$951	\$819	\$489	\$417	\$444	\$951	\$819	\$489	\$417	\$444
16	\$981	\$845	\$504	\$430	\$458	\$981	\$845	\$504	\$430	\$458
17	\$1,011	\$871	\$520	\$443	\$472	\$1,011	\$871	\$520	\$443	\$472
18	\$1,043	\$898	\$536	\$457	\$487	\$1,043	\$898	\$536	\$457	\$487
19	\$1,076	\$926	\$553	\$471	\$502	\$1,076	\$926	\$553	\$471	\$502
20	\$1,108	\$954	\$570	\$486	\$518	\$1,108	\$954	\$570	\$486	\$518
21	\$1,142	\$983	\$587	\$501	\$534	\$1,266	\$1,090	\$651	\$556	\$592
22	\$1,142	\$983	\$587	\$501	\$534	\$1,266	\$1,090	\$651	\$556	\$592
23	\$1,142	\$983	\$587	\$501	\$534	\$1,266	\$1,090	\$651	\$556	\$592
24	\$1,142	\$983	\$587	\$501	\$534	\$1,266	\$1,090	\$651	\$556	\$592
25	\$1,147	\$987	\$589	\$503	\$536	\$1,272	\$1,094	\$653	\$558	\$594
26	\$1,170	\$1,008	\$600	\$512	\$546	\$1,297	\$1,118	\$665	\$568	\$605
27	\$1,197	\$1,031	\$615	\$525	\$559	\$1,327	\$1,143	\$682	\$582	\$620
28	\$1,242	\$1,069	\$637	\$544	\$580	\$1,377	\$1,185	\$706	\$603	\$643
29	\$1,278	\$1,101	\$657	\$560	\$597	\$1,417	\$1,221	\$728	\$621	\$662
30	\$1,297	\$1,116	\$666	\$569	\$606	\$1,438	\$1,237	\$738	\$631	\$672
31	\$1,324	\$1,140	\$680	\$580	\$618	\$1,468	\$1,264	\$754	\$643	\$685
32	\$1,351	\$1,164	\$694	\$592	\$631	\$1,498	\$1,291	\$770	\$656	\$700
33	\$1,368	\$1,178	\$703	\$600	\$639	\$1,517	\$1,306	\$780	\$665	\$709
34	\$1,387	\$1,194	\$713	\$608	\$647	\$1,538	\$1,324	\$791	\$674	\$717
35	\$1,396	\$1,202	\$717	\$612	\$651	\$1,548	\$1,333	\$795	\$679	\$722
36	\$1,405	\$1,210	\$721	\$616	\$655	\$1,558	\$1,342	\$799	\$683	\$726
37	\$1,415	\$1,218	\$727	\$619	\$660	\$1,569	\$1,351	\$806	\$686	\$732
38	\$1,423	\$1,225	\$731	\$624	\$665	\$1,578	\$1,358	\$811	\$692	\$737
39	\$1,441	\$1,241	\$740	\$632	\$674	\$1,598	\$1,376	\$821	\$701	\$747
40	\$1,461	\$1,257	\$750	\$640	\$682	\$1,620	\$1,394	\$832	\$710	\$756
41	\$1,487	\$1,280	\$764	\$652	\$695	\$1,649	\$1,419	\$847	\$723	\$771
42	\$1,514	\$1,304	\$777	\$663	\$706	\$1,679	\$1,446	\$862	\$735	\$783
43	\$1,551	\$1,334	\$797	\$680	\$723	\$1,720	\$1,479	\$884	\$754	\$802
44	\$1,596	\$1,374	\$820	\$699	\$745	\$1,770	\$1,524	\$909	\$775	\$826
45	\$1,649	\$1,420	\$847	\$723	\$770	\$1,828	\$1,575	\$939	\$802	\$854
46	\$1,714	\$1,475	\$880	\$751	\$800	\$1,901	\$1,636	\$976	\$833	\$887
47	\$1,786	\$1,537	\$917	\$783	\$834	\$1,980	\$1,704	\$1,017	\$868	\$925
48	\$1,868	\$1,608	\$959	\$819	\$872	\$2,071	\$1,783	\$1,063	\$908	\$967
49	\$1,950	\$1,678	\$1,001	\$854	\$910	\$2,162	\$1,861	\$1,110	\$947	\$1,009
50	\$2,041	\$1,756	\$1,048	\$894	\$952	\$2,263	\$1,947	\$1,162	\$991	\$1,056
51	\$2,131	\$1,834	\$1,095	\$933	\$995	\$2,363	\$2,034	\$1,214	\$1,035	\$1,103
52	\$2,231	\$1,920	\$1,146	\$977	\$1,041	\$2,474	\$2,129	\$1,271	\$1,083	\$1,154
53	\$2,330	\$2,007	\$1,196	\$1,021	\$1,088	\$2,584	\$2,225	\$1,326	\$1,132	\$1,206
54	\$2,440	\$2,100	\$1,253	\$1,069	\$1,139	\$2,706	\$2,329	\$1,389	\$1,185	\$1,263
55	\$2,548	\$2,193	\$1,309	\$1,117	\$1,189	\$2,825	\$2,432	\$1,451	\$1,239	\$1,318
56	\$2,665	\$2,294	\$1,369	\$1,168	\$1,244	\$2,955	\$2,544	\$1,518	\$1,295	\$1,379
57	\$2,784	\$2,397	\$1,430	\$1,220	\$1,299	\$3,087	\$2,658	\$1,586	\$1,353	\$1,440
58	\$2,912	\$2,506	\$1,494	\$1,276	\$1,359	\$3,229	\$2,779	\$1,657	\$1,415	\$1,507
59	\$2,974	\$2,560	\$1,527	\$1,304	\$1,388	\$3,298	\$2,839	\$1,693	\$1,446	\$1,539
60	\$3,100	\$2,670	\$1,592	\$1,359	\$1,448	\$3,437	\$2,961	\$1,765	\$1,507	\$1,606
61	\$3,211	\$2,764	\$1,648	\$1,406	\$1,499	\$3,560	\$3,065	\$1,827	\$1,559	\$1,662
62	\$3,283	\$2,826	\$1,685	\$1,438	\$1,533	\$3,640	\$3,134	\$1,868	\$1,594	\$1,700
63	\$3,373	\$2,903	\$1,732	\$1,478	\$1,574	\$3,740	\$3,219	\$1,920	\$1,639	\$1,745
64	\$3,427	\$2,951	\$1,760	\$1,502	\$1,599	\$3,800	\$3,272	\$1,952	\$1,665	\$1,773
65+	\$3,427	\$2,951	\$1,760	\$1,502	\$1,599	\$3,800	\$3,272	\$1,952	\$1,665	\$1,773



**Washington State Health Insurance Pool (WSHIP)  
2023 Monthly Premium Rates**

**PREFERRED PROVIDER PLANS (PPO Plans)**

**Area 6: Benton, Franklin, Kittitas, and Yakima Counties**

Age	Non-Smoker Rates					Smoker Rates				
	Deductible					Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000	\$500	\$1,000	\$2,500	\$5,000	\$3000
0-14	\$863	\$742	\$443	\$378	\$403	\$863	\$742	\$443	\$378	\$403
15	\$939	\$808	\$483	\$411	\$439	\$939	\$808	\$483	\$411	\$439
16	\$968	\$834	\$497	\$424	\$452	\$968	\$834	\$497	\$424	\$452
17	\$998	\$859	\$513	\$438	\$466	\$998	\$859	\$513	\$438	\$466
18	\$1,029	\$887	\$529	\$451	\$480	\$1,029	\$887	\$529	\$451	\$480
19	\$1,061	\$914	\$545	\$465	\$495	\$1,061	\$914	\$545	\$465	\$495
20	\$1,094	\$941	\$562	\$479	\$511	\$1,094	\$941	\$562	\$479	\$511
21	\$1,127	\$970	\$579	\$494	\$527	\$1,250	\$1,076	\$642	\$548	\$584
22	\$1,127	\$970	\$579	\$494	\$527	\$1,250	\$1,076	\$642	\$548	\$584
23	\$1,127	\$970	\$579	\$494	\$527	\$1,250	\$1,076	\$642	\$548	\$584
24	\$1,127	\$970	\$579	\$494	\$527	\$1,250	\$1,076	\$642	\$548	\$584
25	\$1,132	\$975	\$581	\$496	\$529	\$1,255	\$1,081	\$644	\$550	\$587
26	\$1,155	\$994	\$592	\$506	\$539	\$1,281	\$1,102	\$656	\$561	\$598
27	\$1,182	\$1,017	\$607	\$518	\$552	\$1,311	\$1,128	\$673	\$574	\$612
28	\$1,226	\$1,055	\$629	\$537	\$573	\$1,359	\$1,170	\$697	\$595	\$635
29	\$1,261	\$1,087	\$648	\$553	\$589	\$1,398	\$1,205	\$719	\$613	\$653
30	\$1,280	\$1,101	\$657	\$561	\$598	\$1,419	\$1,221	\$728	\$622	\$663
31	\$1,306	\$1,125	\$671	\$573	\$610	\$1,448	\$1,247	\$744	\$635	\$676
32	\$1,334	\$1,148	\$685	\$584	\$623	\$1,479	\$1,273	\$760	\$648	\$691
33	\$1,350	\$1,163	\$694	\$592	\$630	\$1,497	\$1,290	\$770	\$656	\$699
34	\$1,369	\$1,179	\$703	\$600	\$639	\$1,518	\$1,307	\$780	\$665	\$709
35	\$1,378	\$1,186	\$708	\$604	\$643	\$1,528	\$1,315	\$785	\$670	\$713
36	\$1,387	\$1,194	\$712	\$608	\$647	\$1,538	\$1,324	\$789	\$674	\$717
37	\$1,396	\$1,202	\$717	\$611	\$651	\$1,548	\$1,333	\$795	\$677	\$722
38	\$1,405	\$1,209	\$721	\$616	\$656	\$1,558	\$1,341	\$799	\$683	\$727
39	\$1,423	\$1,225	\$731	\$624	\$665	\$1,578	\$1,358	\$811	\$692	\$737
40	\$1,441	\$1,240	\$740	\$631	\$673	\$1,598	\$1,375	\$821	\$700	\$746
41	\$1,468	\$1,263	\$754	\$644	\$686	\$1,628	\$1,400	\$836	\$714	\$761
42	\$1,494	\$1,286	\$767	\$654	\$697	\$1,657	\$1,426	\$850	\$725	\$773
43	\$1,530	\$1,317	\$786	\$671	\$714	\$1,697	\$1,460	\$872	\$744	\$792
44	\$1,575	\$1,356	\$809	\$690	\$735	\$1,746	\$1,504	\$897	\$765	\$815
45	\$1,628	\$1,402	\$836	\$714	\$760	\$1,805	\$1,555	\$927	\$792	\$843
46	\$1,692	\$1,456	\$869	\$741	\$789	\$1,876	\$1,614	\$964	\$822	\$875
47	\$1,763	\$1,517	\$905	\$773	\$823	\$1,955	\$1,682	\$1,003	\$857	\$913
48	\$1,843	\$1,587	\$946	\$808	\$860	\$2,044	\$1,760	\$1,049	\$896	\$954
49	\$1,924	\$1,656	\$988	\$843	\$898	\$2,133	\$1,836	\$1,096	\$935	\$996
50	\$2,014	\$1,733	\$1,034	\$882	\$940	\$2,233	\$1,922	\$1,147	\$978	\$1,042
51	\$2,103	\$1,810	\$1,080	\$921	\$982	\$2,332	\$2,007	\$1,198	\$1,021	\$1,089
52	\$2,201	\$1,895	\$1,131	\$964	\$1,027	\$2,441	\$2,101	\$1,254	\$1,069	\$1,139
53	\$2,300	\$1,981	\$1,181	\$1,008	\$1,074	\$2,550	\$2,197	\$1,310	\$1,118	\$1,191
54	\$2,408	\$2,073	\$1,236	\$1,055	\$1,124	\$2,670	\$2,299	\$1,371	\$1,170	\$1,246
55	\$2,514	\$2,165	\$1,292	\$1,102	\$1,173	\$2,788	\$2,401	\$1,433	\$1,222	\$1,301
56	\$2,631	\$2,264	\$1,351	\$1,153	\$1,228	\$2,917	\$2,510	\$1,498	\$1,278	\$1,362
57	\$2,748	\$2,366	\$1,411	\$1,204	\$1,282	\$3,047	\$2,623	\$1,565	\$1,335	\$1,422
58	\$2,873	\$2,474	\$1,475	\$1,259	\$1,341	\$3,186	\$2,743	\$1,636	\$1,396	\$1,487
59	\$2,935	\$2,527	\$1,507	\$1,286	\$1,370	\$3,254	\$2,802	\$1,671	\$1,426	\$1,519
60	\$3,060	\$2,635	\$1,571	\$1,341	\$1,429	\$3,393	\$2,922	\$1,742	\$1,487	\$1,585
61	\$3,169	\$2,728	\$1,627	\$1,388	\$1,479	\$3,514	\$3,025	\$1,804	\$1,539	\$1,640
62	\$3,240	\$2,789	\$1,663	\$1,419	\$1,513	\$3,593	\$3,093	\$1,844	\$1,573	\$1,678
63	\$3,329	\$2,865	\$1,709	\$1,458	\$1,553	\$3,691	\$3,177	\$1,895	\$1,617	\$1,722
64	\$3,382	\$2,912	\$1,737	\$1,482	\$1,579	\$3,750	\$3,229	\$1,926	\$1,643	\$1,751
65+	\$3,382	\$2,912	\$1,737	\$1,482	\$1,579	\$3,750	\$3,229	\$1,926	\$1,643	\$1,751

**Washington State Health Insurance Pool (WSHIP)  
2023 Monthly Premium Rates**

**PREFERRED PROVIDER PLANS (PPO Plans)**

**Area 7: Adams, Chelan, Douglas, Grant, and Okanogan**

Age	Non-Smoker Rates					Smoker Rates				
	Deductible					Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000	\$500	\$1,000	\$2,500	\$5,000	\$3000
0-14	\$915	\$787	\$470	\$401	\$427	\$915	\$787	\$470	\$401	\$427
15	\$996	\$857	\$512	\$436	\$465	\$996	\$857	\$512	\$436	\$465
16	\$1,027	\$885	\$527	\$450	\$480	\$1,027	\$885	\$527	\$450	\$480
17	\$1,058	\$911	\$544	\$464	\$494	\$1,058	\$911	\$544	\$464	\$494
18	\$1,091	\$940	\$561	\$478	\$510	\$1,091	\$940	\$561	\$478	\$510
19	\$1,126	\$969	\$578	\$493	\$525	\$1,126	\$969	\$578	\$493	\$525
20	\$1,160	\$998	\$596	\$508	\$542	\$1,160	\$998	\$596	\$508	\$542
21	\$1,196	\$1,029	\$614	\$524	\$558	\$1,326	\$1,141	\$681	\$581	\$619
22	\$1,196	\$1,029	\$614	\$524	\$558	\$1,326	\$1,141	\$681	\$581	\$619
23	\$1,196	\$1,029	\$614	\$524	\$558	\$1,326	\$1,141	\$681	\$581	\$619
24	\$1,196	\$1,029	\$614	\$524	\$558	\$1,326	\$1,141	\$681	\$581	\$619
25	\$1,200	\$1,033	\$616	\$526	\$561	\$1,331	\$1,145	\$683	\$583	\$622
26	\$1,224	\$1,055	\$628	\$536	\$572	\$1,357	\$1,170	\$696	\$594	\$634
27	\$1,253	\$1,079	\$644	\$549	\$585	\$1,389	\$1,196	\$714	\$609	\$649
28	\$1,300	\$1,119	\$667	\$569	\$607	\$1,441	\$1,241	\$740	\$631	\$673
29	\$1,338	\$1,152	\$687	\$586	\$625	\$1,484	\$1,277	\$762	\$650	\$693
30	\$1,358	\$1,168	\$697	\$595	\$634	\$1,506	\$1,295	\$773	\$660	\$703
31	\$1,385	\$1,193	\$712	\$607	\$647	\$1,536	\$1,323	\$789	\$673	\$717
32	\$1,414	\$1,218	\$726	\$619	\$660	\$1,568	\$1,351	\$805	\$686	\$732
33	\$1,432	\$1,233	\$736	\$628	\$668	\$1,588	\$1,367	\$816	\$696	\$741
34	\$1,452	\$1,250	\$746	\$636	\$677	\$1,610	\$1,386	\$827	\$705	\$751
35	\$1,461	\$1,258	\$750	\$641	\$682	\$1,620	\$1,395	\$832	\$711	\$756
36	\$1,471	\$1,267	\$755	\$645	\$686	\$1,631	\$1,405	\$837	\$715	\$761
37	\$1,481	\$1,274	\$760	\$648	\$690	\$1,642	\$1,413	\$843	\$719	\$765
38	\$1,490	\$1,282	\$765	\$653	\$696	\$1,652	\$1,422	\$848	\$724	\$772
39	\$1,509	\$1,299	\$775	\$662	\$705	\$1,673	\$1,440	\$859	\$734	\$782
40	\$1,529	\$1,315	\$785	\$669	\$714	\$1,695	\$1,458	\$870	\$742	\$792
41	\$1,556	\$1,340	\$799	\$683	\$727	\$1,725	\$1,486	\$886	\$757	\$806
42	\$1,584	\$1,364	\$814	\$694	\$739	\$1,756	\$1,512	\$903	\$770	\$819
43	\$1,623	\$1,396	\$834	\$712	\$757	\$1,800	\$1,548	\$925	\$789	\$839
44	\$1,671	\$1,438	\$858	\$732	\$779	\$1,853	\$1,594	\$951	\$812	\$864
45	\$1,726	\$1,486	\$887	\$757	\$806	\$1,914	\$1,648	\$984	\$839	\$894
46	\$1,794	\$1,544	\$921	\$786	\$837	\$1,989	\$1,712	\$1,021	\$872	\$928
47	\$1,869	\$1,608	\$960	\$819	\$873	\$2,072	\$1,783	\$1,064	\$908	\$968
48	\$1,955	\$1,683	\$1,004	\$857	\$912	\$2,168	\$1,866	\$1,113	\$950	\$1,011
49	\$2,040	\$1,756	\$1,048	\$894	\$952	\$2,262	\$1,947	\$1,162	\$991	\$1,056
50	\$2,136	\$1,838	\$1,097	\$936	\$997	\$2,368	\$2,038	\$1,216	\$1,038	\$1,105
51	\$2,230	\$1,919	\$1,146	\$977	\$1,041	\$2,473	\$2,128	\$1,271	\$1,083	\$1,154
52	\$2,334	\$2,009	\$1,199	\$1,022	\$1,089	\$2,588	\$2,228	\$1,329	\$1,133	\$1,208
53	\$2,439	\$2,100	\$1,252	\$1,069	\$1,139	\$2,704	\$2,329	\$1,388	\$1,185	\$1,263
54	\$2,553	\$2,198	\$1,311	\$1,119	\$1,192	\$2,831	\$2,437	\$1,454	\$1,241	\$1,322
55	\$2,666	\$2,296	\$1,370	\$1,169	\$1,244	\$2,956	\$2,546	\$1,519	\$1,296	\$1,379
56	\$2,790	\$2,401	\$1,433	\$1,222	\$1,302	\$3,094	\$2,662	\$1,589	\$1,355	\$1,444
57	\$2,914	\$2,509	\$1,496	\$1,277	\$1,360	\$3,231	\$2,782	\$1,659	\$1,416	\$1,508
58	\$3,047	\$2,623	\$1,564	\$1,335	\$1,422	\$3,379	\$2,908	\$1,734	\$1,480	\$1,577
59	\$3,113	\$2,680	\$1,599	\$1,364	\$1,453	\$3,452	\$2,972	\$1,773	\$1,512	\$1,611
60	\$3,245	\$2,794	\$1,666	\$1,422	\$1,515	\$3,598	\$3,098	\$1,847	\$1,577	\$1,680
61	\$3,360	\$2,893	\$1,725	\$1,472	\$1,569	\$3,726	\$3,208	\$1,913	\$1,632	\$1,740
62	\$3,436	\$2,957	\$1,764	\$1,505	\$1,604	\$3,810	\$3,279	\$1,956	\$1,669	\$1,779
63	\$3,530	\$3,038	\$1,813	\$1,546	\$1,647	\$3,914	\$3,369	\$2,010	\$1,714	\$1,826
64	\$3,587	\$3,088	\$1,842	\$1,572	\$1,674	\$3,977	\$3,424	\$2,042	\$1,743	\$1,856
65+	\$3,587	\$3,088	\$1,842	\$1,572	\$1,674	\$3,977	\$3,424	\$2,042	\$1,743	\$1,856

**Washington State Health Insurance Pool (WSHIP)  
2023 Monthly Premium Rates**

**PREFERRED PROVIDER PLANS (PPO Plans)**

**Area 8: Island, San Juan, Skagit, Snohomish, and Whatcom Counties**

Age	Non-Smoker Rates					Smoker Rates				
	Deductible					Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000	\$500	\$1,000	\$2,500	\$5,000	\$3000
0-14	\$855	\$735	\$439	\$374	\$399	\$855	\$735	\$439	\$374	\$399
15	\$930	\$801	\$478	\$408	\$435	\$930	\$801	\$478	\$408	\$435
16	\$959	\$827	\$493	\$420	\$448	\$959	\$827	\$493	\$420	\$448
17	\$988	\$851	\$508	\$434	\$462	\$988	\$851	\$508	\$434	\$462
18	\$1,019	\$878	\$524	\$447	\$476	\$1,019	\$878	\$524	\$447	\$476
19	\$1,052	\$905	\$540	\$460	\$491	\$1,052	\$905	\$540	\$460	\$491
20	\$1,084	\$932	\$557	\$475	\$506	\$1,084	\$932	\$557	\$475	\$506
21	\$1,117	\$961	\$574	\$490	\$522	\$1,239	\$1,066	\$636	\$543	\$579
22	\$1,117	\$961	\$574	\$490	\$522	\$1,239	\$1,066	\$636	\$543	\$579
23	\$1,117	\$961	\$574	\$490	\$522	\$1,239	\$1,066	\$636	\$543	\$579
24	\$1,117	\$961	\$574	\$490	\$522	\$1,239	\$1,066	\$636	\$543	\$579
25	\$1,121	\$966	\$576	\$492	\$524	\$1,243	\$1,071	\$639	\$546	\$581
26	\$1,144	\$985	\$587	\$501	\$534	\$1,268	\$1,092	\$651	\$556	\$592
27	\$1,171	\$1,008	\$602	\$513	\$547	\$1,298	\$1,118	\$668	\$569	\$607
28	\$1,214	\$1,045	\$623	\$532	\$567	\$1,346	\$1,159	\$691	\$590	\$629
29	\$1,250	\$1,077	\$642	\$548	\$584	\$1,386	\$1,194	\$712	\$608	\$648
30	\$1,268	\$1,091	\$651	\$556	\$592	\$1,406	\$1,210	\$722	\$617	\$656
31	\$1,294	\$1,115	\$665	\$567	\$605	\$1,435	\$1,236	\$737	\$629	\$671
32	\$1,321	\$1,138	\$678	\$579	\$617	\$1,465	\$1,262	\$752	\$642	\$684
33	\$1,338	\$1,152	\$688	\$587	\$624	\$1,484	\$1,277	\$763	\$651	\$692
34	\$1,357	\$1,168	\$697	\$594	\$633	\$1,505	\$1,295	\$773	\$659	\$702
35	\$1,365	\$1,175	\$701	\$598	\$637	\$1,514	\$1,303	\$777	\$663	\$706
36	\$1,374	\$1,183	\$705	\$603	\$641	\$1,524	\$1,312	\$782	\$669	\$711
37	\$1,383	\$1,191	\$710	\$606	\$645	\$1,534	\$1,321	\$787	\$672	\$715
38	\$1,392	\$1,198	\$715	\$610	\$650	\$1,543	\$1,328	\$793	\$676	\$721
39	\$1,409	\$1,213	\$724	\$618	\$659	\$1,562	\$1,345	\$803	\$685	\$731
40	\$1,428	\$1,229	\$733	\$625	\$667	\$1,583	\$1,363	\$813	\$693	\$740
41	\$1,454	\$1,252	\$747	\$638	\$679	\$1,612	\$1,388	\$828	\$707	\$753
42	\$1,480	\$1,275	\$760	\$648	\$691	\$1,641	\$1,414	\$843	\$719	\$766
43	\$1,516	\$1,305	\$779	\$665	\$707	\$1,681	\$1,447	\$864	\$737	\$784
44	\$1,561	\$1,343	\$802	\$683	\$728	\$1,731	\$1,489	\$889	\$757	\$807
45	\$1,613	\$1,389	\$829	\$707	\$753	\$1,789	\$1,540	\$919	\$784	\$835
46	\$1,676	\$1,443	\$861	\$734	\$782	\$1,858	\$1,600	\$955	\$814	\$867
47	\$1,746	\$1,503	\$897	\$765	\$815	\$1,936	\$1,667	\$995	\$848	\$904
48	\$1,826	\$1,572	\$938	\$801	\$852	\$2,025	\$1,743	\$1,040	\$888	\$945
49	\$1,906	\$1,641	\$979	\$835	\$890	\$2,113	\$1,820	\$1,086	\$926	\$987
50	\$1,995	\$1,717	\$1,025	\$874	\$931	\$2,212	\$1,904	\$1,137	\$969	\$1,032
51	\$2,084	\$1,793	\$1,070	\$913	\$973	\$2,311	\$1,988	\$1,186	\$1,012	\$1,079
52	\$2,181	\$1,877	\$1,120	\$955	\$1,017	\$2,418	\$2,081	\$1,242	\$1,059	\$1,128
53	\$2,279	\$1,962	\$1,170	\$999	\$1,064	\$2,527	\$2,176	\$1,297	\$1,108	\$1,180
54	\$2,385	\$2,053	\$1,225	\$1,045	\$1,114	\$2,645	\$2,276	\$1,358	\$1,159	\$1,235
55	\$2,491	\$2,145	\$1,280	\$1,092	\$1,163	\$2,762	\$2,378	\$1,419	\$1,211	\$1,290
56	\$2,606	\$2,243	\$1,339	\$1,142	\$1,217	\$2,890	\$2,487	\$1,485	\$1,266	\$1,349
57	\$2,722	\$2,344	\$1,398	\$1,193	\$1,270	\$3,018	\$2,599	\$1,550	\$1,323	\$1,408
58	\$2,847	\$2,451	\$1,461	\$1,248	\$1,329	\$3,157	\$2,718	\$1,620	\$1,384	\$1,474
59	\$2,908	\$2,504	\$1,493	\$1,275	\$1,358	\$3,224	\$2,776	\$1,655	\$1,414	\$1,506
60	\$3,031	\$2,610	\$1,557	\$1,329	\$1,416	\$3,361	\$2,894	\$1,726	\$1,474	\$1,570
61	\$3,139	\$2,703	\$1,612	\$1,375	\$1,465	\$3,481	\$2,997	\$1,787	\$1,525	\$1,624
62	\$3,210	\$2,763	\$1,648	\$1,406	\$1,499	\$3,559	\$3,064	\$1,827	\$1,559	\$1,662
63	\$3,298	\$2,839	\$1,694	\$1,445	\$1,539	\$3,657	\$3,148	\$1,878	\$1,602	\$1,706
64	\$3,351	\$2,885	\$1,721	\$1,469	\$1,564	\$3,716	\$3,199	\$1,908	\$1,629	\$1,734
65+	\$3,351	\$2,885	\$1,721	\$1,469	\$1,564	\$3,716	\$3,199	\$1,908	\$1,629	\$1,734

**Washington State Health Insurance Pool (WSHIP)  
2023 Monthly Premium Rates**

**PREFERRED PROVIDER PLANS (PPO Plans)**

**Area 9: Asotin, Columbia, Garfield, Walla Walla and Whitman Counties**

Age	Non-Smoker Rates					Smoker Rates				
	Deductible					Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000	\$500	\$1,000	\$2,500	\$5,000	\$3000
0-14	\$878	\$755	\$451	\$385	\$410	\$878	\$755	\$451	\$385	\$410
15	\$956	\$823	\$491	\$419	\$446	\$956	\$823	\$491	\$419	\$446
16	\$986	\$849	\$506	\$432	\$460	\$986	\$849	\$506	\$432	\$460
17	\$1,015	\$875	\$522	\$445	\$474	\$1,015	\$875	\$522	\$445	\$474
18	\$1,047	\$902	\$538	\$459	\$489	\$1,047	\$902	\$538	\$459	\$489
19	\$1,080	\$930	\$555	\$473	\$504	\$1,080	\$930	\$555	\$473	\$504
20	\$1,113	\$958	\$572	\$488	\$520	\$1,113	\$958	\$572	\$488	\$520
21	\$1,148	\$988	\$589	\$503	\$536	\$1,273	\$1,096	\$653	\$558	\$594
22	\$1,148	\$988	\$589	\$503	\$536	\$1,273	\$1,096	\$653	\$558	\$594
23	\$1,148	\$988	\$589	\$503	\$536	\$1,273	\$1,096	\$653	\$558	\$594
24	\$1,148	\$988	\$589	\$503	\$536	\$1,273	\$1,096	\$653	\$558	\$594
25	\$1,152	\$992	\$591	\$505	\$538	\$1,277	\$1,100	\$655	\$560	\$597
26	\$1,175	\$1,012	\$603	\$515	\$549	\$1,303	\$1,122	\$669	\$571	\$609
27	\$1,203	\$1,036	\$618	\$527	\$561	\$1,334	\$1,149	\$685	\$584	\$622
28	\$1,248	\$1,074	\$640	\$547	\$583	\$1,384	\$1,191	\$710	\$607	\$646
29	\$1,284	\$1,106	\$660	\$563	\$600	\$1,424	\$1,226	\$732	\$624	\$665
30	\$1,303	\$1,121	\$669	\$571	\$608	\$1,445	\$1,243	\$742	\$633	\$674
31	\$1,330	\$1,145	\$683	\$583	\$621	\$1,475	\$1,270	\$757	\$646	\$689
32	\$1,357	\$1,169	\$697	\$595	\$634	\$1,505	\$1,296	\$773	\$660	\$703
33	\$1,374	\$1,184	\$706	\$603	\$641	\$1,524	\$1,313	\$783	\$669	\$711
34	\$1,394	\$1,200	\$716	\$611	\$650	\$1,546	\$1,331	\$794	\$677	\$721
35	\$1,402	\$1,207	\$720	\$615	\$654	\$1,555	\$1,338	\$798	\$682	\$725
36	\$1,412	\$1,216	\$725	\$619	\$658	\$1,566	\$1,348	\$804	\$686	\$730
37	\$1,421	\$1,223	\$730	\$622	\$663	\$1,576	\$1,356	\$809	\$690	\$735
38	\$1,430	\$1,231	\$734	\$626	\$668	\$1,586	\$1,365	\$814	\$694	\$741
39	\$1,448	\$1,247	\$744	\$635	\$677	\$1,606	\$1,383	\$825	\$704	\$751
40	\$1,467	\$1,263	\$753	\$642	\$685	\$1,627	\$1,400	\$835	\$712	\$760
41	\$1,494	\$1,286	\$767	\$655	\$698	\$1,657	\$1,426	\$850	\$726	\$774
42	\$1,520	\$1,309	\$781	\$666	\$710	\$1,685	\$1,451	\$866	\$738	\$787
43	\$1,558	\$1,340	\$800	\$683	\$727	\$1,728	\$1,486	\$887	\$757	\$806
44	\$1,604	\$1,380	\$824	\$702	\$748	\$1,779	\$1,530	\$914	\$778	\$829
45	\$1,657	\$1,427	\$851	\$727	\$774	\$1,837	\$1,582	\$944	\$806	\$858
46	\$1,722	\$1,482	\$884	\$754	\$803	\$1,909	\$1,643	\$980	\$836	\$890
47	\$1,794	\$1,544	\$922	\$786	\$837	\$1,989	\$1,712	\$1,022	\$872	\$928
48	\$1,876	\$1,615	\$963	\$823	\$876	\$2,080	\$1,791	\$1,068	\$913	\$971
49	\$1,958	\$1,686	\$1,006	\$858	\$914	\$2,171	\$1,869	\$1,115	\$951	\$1,013
50	\$2,050	\$1,764	\$1,053	\$898	\$957	\$2,273	\$1,956	\$1,168	\$996	\$1,061
51	\$2,141	\$1,842	\$1,100	\$938	\$999	\$2,374	\$2,042	\$1,220	\$1,040	\$1,108
52	\$2,241	\$1,928	\$1,151	\$981	\$1,045	\$2,485	\$2,138	\$1,276	\$1,088	\$1,159
53	\$2,341	\$2,016	\$1,202	\$1,026	\$1,093	\$2,596	\$2,235	\$1,333	\$1,138	\$1,212
54	\$2,451	\$2,110	\$1,258	\$1,074	\$1,144	\$2,718	\$2,340	\$1,395	\$1,191	\$1,268
55	\$2,559	\$2,203	\$1,315	\$1,122	\$1,194	\$2,837	\$2,443	\$1,458	\$1,244	\$1,324
56	\$2,678	\$2,305	\$1,376	\$1,173	\$1,250	\$2,969	\$2,556	\$1,526	\$1,301	\$1,386
57	\$2,797	\$2,408	\$1,436	\$1,225	\$1,305	\$3,101	\$2,670	\$1,592	\$1,358	\$1,447
58	\$2,925	\$2,518	\$1,501	\$1,282	\$1,365	\$3,243	\$2,792	\$1,664	\$1,422	\$1,514
59	\$2,988	\$2,572	\$1,534	\$1,309	\$1,395	\$3,313	\$2,852	\$1,701	\$1,451	\$1,547
60	\$3,114	\$2,682	\$1,599	\$1,365	\$1,454	\$3,453	\$2,974	\$1,773	\$1,514	\$1,612
61	\$3,225	\$2,777	\$1,656	\$1,413	\$1,505	\$3,576	\$3,079	\$1,836	\$1,567	\$1,669
62	\$3,298	\$2,838	\$1,693	\$1,445	\$1,540	\$3,657	\$3,147	\$1,877	\$1,602	\$1,708
63	\$3,388	\$2,916	\$1,740	\$1,484	\$1,581	\$3,757	\$3,233	\$1,929	\$1,645	\$1,753
64	\$3,443	\$2,964	\$1,768	\$1,509	\$1,607	\$3,818	\$3,287	\$1,960	\$1,673	\$1,782
65+	\$3,443	\$2,964	\$1,768	\$1,509	\$1,607	\$3,818	\$3,287	\$1,960	\$1,673	\$1,782



WASHINGTON STATE HEALTH INSURANCE POOL

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Great Bend, KS 67530
1-800-877-5187
Fax # 620-793-1199

Tray
Enrollee Name
Address 1,
Address 2
City, State zip
Bar code

IMPORTANT
This form must be SIGNED and RETURNED by
DUE DATE: DECEMBER 15, 2022

WSHIP ELIGIBILITY VERIFICATION FORM (Non-Medicare Plans)

WSHIP must confirm that you continue to meet eligibility requirements. Your prompt response is appreciated. Failure to respond may lead to termination of your coverage. If you have questions, please call WSHIP at 1-800-877-5187.

WASHINGTON STATE RESIDENCY: Please provide your physical address and information below.

Table with 3 columns: Physical Address of your current residence - Required, Mailing Address if different than physical address, Billing Address of 3rd party paying premiums (if applicable). Includes fields for Name, Address, City, State & Zip, Telephone Number, Cell Number, Email Address, and Secondary Contact information.

ARE YOU ELIGIBLE FOR MEDICARE? Yes [ ] No [ ] If you do not know or are unsure please call: 1-800-633-4227; or visit www.cms.gov/Medicare/Medicare.html; or go to your local Social Security office.

ARE YOU ELIGIBLE FOR MEDICAID? (Washington Apple Health)? Yes [ ] No [ ] Note: This includes expanded Medicaid that was implemented in 2014 as part of the Affordable Care Act. If you don't know or are unsure please call: 1-800-562-3022 or visit www.hca.wa.gov.

DO YOU HAVE COVERAGE OTHER THAN WSHIP? Yes [ ] No [ ] If Yes, in order to coordinate benefits, please provide the following: Insurer \_\_\_\_\_ Effective Date \_\_\_\_\_

If you have other coverage and will CANCEL YOUR WSHIP POLICY, what is the effective date for cancellation?: \_\_\_\_\_

PLEASE SIGN BELOW: I attest that my responses on this form are true and complete.

X
Signature
Printed Name: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
Date Signed
Enrollee ID # <<participant>>

SIGNATURE REQUIRED

For your convenience we have enclosed a stamped addressed envelope.



WASHINGTON STATE HEALTH  
INSURANCE POOL

PO Box 1090  
Great Bend, KS 67530  
Fax: (620) 793-1199  
www.wship.org

Questions? Call 1-800-877-5187

October 2022

«First» «Last»  
«Addr»  
«Addr2»  
«City», «ST» «Zip»

Member ID: «Partic»  
Current Plan: «Plan»  
Current Deductible: «Deductible»  
Date of Birth: «DOB»

## Plan Change Form

**Return by December 15, 2022**

This form is used to change plans during open enrollment for coverage that will begin January 1st of the following year. **To change plans, you must select a plan that has the same or higher deductible as your current plan.** (Your current plan and deductible are displayed above for quick reference.)

*Check the box below for the plan you want to change to effective January 1, 2023:*

- I DO NOT want to change my plan for 2023** (Returning this form is optional if you do not want to change plans. If the form is not returned, your coverage will remain under your current plan.)
- Preferred Provider Plan \$500 deductible**
- Preferred Provider Plan \$1,000 deductible**
- Preferred Provider Plan \$2,500 deductible**
- Preferred Provider Plan \$5,000 deductible**
- HSA Qualified Preferred Provider Plan \$3,000 combined medical / pharmacy deductible**

If you have any questions concerning changes you might be considering, please call WSHIP customer service at **1-800-877-5187**.

**If you do not return this form, you will remain enrolled in your current plan and cannot elect to change plans until the next open enrollment period.** To change plans, this form must be **SIGNED** and **RETURNED PRIOR TO DECEMBER 15, 2022**. For your convenience we have enclosed a pre-addressed envelope, or you may fax this form to us at (620) 793-1199.

**By signing this form, I certify the following:**

I understand that I may only change to a plan that has the same or higher deductible as my current plan and that I will not be able to decrease my deductible in the future.

**X** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name

«Phone» \_\_\_\_\_  
Telephone #



**Washington State Health Insurance Pool (WSHIP)**  
**2023 WSHIP Benefit Plans Summary and Comparison Chart**  
**(Non-Medicare Plans)**

DEDUCTIBLES, COINSURANCE, OUT-OF-POCKET	Preferred Provider	HSA Qualified Preferred Provider
<b>Annual Deductible</b> (Individual)	Choices: \$500, \$1,000, \$2,500 or \$5,000 (\$2,500 and \$5,000 plans have a separate \$500 Prescription Drug deductible)	\$3,000  (Combined Medical and Prescription Drug deductible)
<b>Coinsurance</b>	20% Network 40% Non-Network	20% Network 40% Non-Network
<b>Annual Out-of-Pocket Expense Limits</b> (Individual)  <i>The maximum amount you pay yearly including deductible and coinsurance</i>	<p><b>\$500 Plan:</b> \$1,000 Network \$2,000 Non-Network \$ 500 Prescription Drug</p> <p><b>\$1,000 Plan:</b> \$1,650 Network \$3,300 Non-Network \$ 850 Prescription Drug</p> <p><b>\$2,500 Plan:</b> \$5,000 Network \$7,500 Non-Network \$5,000 Prescription Drug</p> <p><b>\$5,000 Plan:</b> \$10,000 Network \$15,000 Non-Network \$ 5,000 Prescription Drug</p>	\$ 5,250 Network \$10,500 Non-Network  (Combined Medical and Prescription Drug out-of-pocket limit)
<b>PRESCRIPTION DRUGS</b>	<p><b>\$500 Plan:</b> Generic: \$2 copay Preferred Brand: 10% up to \$50 Non-Preferred: 15% up to \$100</p> <p><b>\$1,000 Plan:</b> Generic: \$5 copay Preferred Brand: 15% up to \$50 Non-Preferred: 20% up to \$100</p> <p><b>\$2,500 and \$5,000 Plans:</b> Drug Deductible: \$500 Generic: 20% Preferred Brand: 30% Non-Preferred: 50%</p>	20%  (After annual combined Medical & Prescription Drug deductible is met)

**NOTE:** All coinsurance amounts are based on allowable charges. Balance billing may apply if provider is not in network.

**2023 WSHIP Benefit Plans Summary and Comparison Chart (continued)**

MEDICAL BENEFITS	Preferred Provider		HSA Qualified Preferred Provider	
	Network	Non-Network	Network	Non-Network
<b>COINSURANCE (% You Pay) AND LIMITS PCY (1)</b>				
<b>PREVENTIVE CARE</b>				
Preventive care exams and immunizations <i>(deductible waived)</i>	0% / 40%		0% / 40%	
<b>PROFESSIONAL SERVICES</b>				
Office, inpatient, and outpatient professional services	20% / 40%		20% / 40%	
<b>DIAGNOSTIC SERVICES</b>				
Diagnostic x-ray & laboratory services	20% / 40%		20% / 40%	
Mammography <i>(deductible waived)</i>	0% / 40%		0% / 40%	
<b>HOSPITAL SERVICES</b>				
Inpatient (2) and outpatient facility services	20% / 40%		20% / 40%	
<b>EMERGENCY CARE</b>				
Emergency room	20% / 20%		20% / 20%	
<b>OTHER SERVICES</b>				
Acupuncture	20% / 40% 12 visits PCY		20% / 40% 12 visits PCY	
Ambulance	20% / 40%		20% / 40%	
Chemical Dependency	20% / 40%		20% / 40%	
Diabetes Education <i>(certified only; deductible waived)</i>	0%		0%	
Habilitative Services	20% / 40% 30 Inpatient days PCY 25 Outpatient visits PCY		20% / 40% 30 Inpatient days PCY 25 Outpatient visits PCY	
Home Health Care (2)	20% / 40% 130 visits PCY		20% / 40% 130 visits PCY	
Hospice and Respite Care	20% / 40%		20% / 40%	
Massage Therapy <i>(when prescribed by a physician)</i>	20% / 40% 12 visits PCY		20% / 40% 12 visits PCY	
Maternity Services	20% / 40%		20% / 40%	
Medical Supplies and Equipment (3)	20% / 40%		20% / 40%	
Mental Health Services (2)	20% / 40%		20% / 40%	
Oral Surgery	20% / 40%		20% / 40%	
Rehabilitation Therapy Services (Physical, Speech, Occupational, and Respiratory) (2)	20% / 40% 30 Inpatient days PCY 25 Outpatient visits PCY		20% / 40% 30 Inpatient days PCY 25 Outpatient visits PCY	
Skilled Nursing Facility (2)	20% / 40% 100 days PCY		20% / 40% 100 days PCY	
Spinal Manipulations	20% / 40%		20% / 40%	
Tobacco Cessation <i>(WSHIP's program only)</i>	0%		0%	
Temporomandibular Joint (TMJ) Disorders	20% / 40%		20% / 40%	
Transplant Surgery (3)	20% / 40%		20% / 40%	

**NOTES:** (1) PCY = Per Calendar Year; (2) A prior review for Medical Necessity is recommended; (3) Pre-approval is required.



## 2023 WSHIP Benefit Plans Summary and Comparison Chart (continued)

### COVERED PRESCRIPTION DRUGS

Prescription drug services are administered by Express Scripts; 1-800-859-8810. Prescriptions must be obtained from WSHIP's network of pharmacies. For your long-term prescriptions, you can often save time and money by filling your prescriptions through our mail order pharmacy program.

Most plans have different copays or coinsurance for generics, preferred brands and non-preferred brand-name drugs; and some drugs require a coverage review (prior-authorization). A copy of our prescription drug formulary and information about coverage reviews and the mail order program is available at [www.wship.org](http://www.wship.org) or by calling 1-800-859-8810.

### LIMITED COVERED SERVICES

The following are limited covered services:

- Acupuncture
- Habilitative Services
- Home Health Care
- Massage Therapy
- Rehabilitation Services
- Skilled Nursing Facility
- Investigational and Experimental Services

### EXCLUSIONS TO COVERED SERVICES

Benefits are not provided for treatment, surgery, services, drugs or supplies for any of the following:

- Cosmetic and Reconstructive Services (with some exceptions)
- Counseling, Educational or Training Services (except Diabetes Education)
- Custodial Care
- Dental Care
- Fertility or Infertility; and Sterilization Reversal
- Foot Care (routine care)
- Governmental Medical Facilities
- Military and War-Related Conditions; and Illegal Acts
- Not Medically Necessary Care
- Obesity and Weight Control
- Services For Which You Do Not Have to Pay
- Sexual Dysfunction
- Transportation or Travel
- Vision and Hearing Services
- Work-Related Conditions
- Services or supplies not specifically listed as covered in the Plan Policy

### ELIGIBILITY

To be eligible for WSHIP, you must meet all of the following requirements:

- You are a resident of Washington State;
- You were enrolled in WSHIP prior to December 31, 2013 and have not had a termination of WSHIP coverage since then or you live in a Washington State county where an individual benefit plan is not offered during defined open enrollment or special enrollment periods; and
- You are not eligible for Medicaid or Medicare coverage.

### CHANGING PLANS AFTER YOU ENROLL

Once you enroll in a plan, you may only switch plans every January 1<sup>st</sup> and you may only change to a plan that has the same or higher deductible and is not more comprehensive than your current plan.

### PROVIDER NETWORKS

Provider network services are provided by First Choice Health for medical services. Visit [www.fchn.com](http://www.fchn.com) or call 1-800-231-6935 for network information. The retail and mail order pharmacy network is provided by Express Scripts; visit [www.wship.org](http://www.wship.org) or call 1-800-859-8810 for pharmacy network information.

### CARE MANAGEMENT

For Care Management services, call 1-800-549-7549. Services include medical necessity reviews and case and disease management programs.

### PRIOR REVIEWS FOR MEDICAL NECESSITY

A medical necessity review should be requested by you or your provider before all admissions to a hospital, skilled nursing facility or other covered facility, and for outpatient services listed on your ID card. This review lets you and your provider know ahead of time if the service is Medically Necessary. We do not pay for any services that are determined by WSHIP to be not Medically Necessary. To request a review, call 1-800-549-7549.

### MINIMUM ESSENTIAL COVERAGE DESIGNATION

Minimum essential coverage is designated by federal regulations to include state high risk pool coverage established before November 26, 2014 in any state. This includes WSHIP and means that WSHIP plans are designated as minimum essential coverage and satisfy the individual responsibility requirement of the Affordable Care Act and Internal Revenue Code. WSHIP benefits may not be the same as health plans in the individual market.

### HOW TO CONTACT US

**Customer Service: 1-800-877-5187**

Mail: PO Box 1090, Great Bend, KS 67530

[www.wship.org](http://www.wship.org)

**NOTE:** This information is not a contract, nor does it cover all exclusions or limitations. Once you enroll, you will receive a copy of your Plan Policy which will outline your coverage in detail. For a sample copy of the Plan Policy, contact Customer Service or go to [www.wship.org](http://www.wship.org)