

**Washington State Health Insurance Pool (WSHIP)  
2024 Monthly Premium Rates**

**MEDICARE BASIC PLUS PLAN**

|  |          | Age | Basic PLUS Plan      | Basic PLUS Low Income <sup>1</sup>                        |
|--|----------|-----|----------------------|---|
|  |          |     | <b>Monthly Rates</b> | Less than 150% FPL <sup>2</sup> & meet asset requirements |
| <b>Full Premium</b>  | Under 65 |     | \$853                | \$589   |
|  | 65+      |     | \$680                | \$345   |
|  |          |     |                      |   |
| You were enrolled in a prior medical benefit plan during the 63-day period prior to application to WSHIP with continuous enrollment for 18 months. | Under 65 |     | \$853                | \$589   |
|  | 65+      |     | \$567                | \$345   |
|  |          |     |                      |   |
| You have been enrolled in WSHIP continuously for 36 months or more.  | Under 65 |     | \$853                | \$589   |
|  | 65+      |     | \$646                | \$345   |
|  |          |     |                      |   |
| You have been enrolled in WSHIP for 36 months or more <u>AND</u> had 18 months of continuous enrollment in a prior medical benefit plan.           | Under 65 |     | \$853                | \$589   |
|  | 65+      |     | \$539                | \$345   |

<sup>1</sup> You must complete a Low Income Application and receive approval prior to being eligible for Low Income Rates. If you are approved for a Low Income Discount, you will be notified of your adjusted premium rate.

<sup>2</sup> FPL = Federal Poverty Level

The monthly rate is the lowest allowable by law if N/A appears in the Low Income Rate Table for your age. Please do not complete a Low Income Application.

Information and premium rates contained herein are subject to change with a 30-day advance notification.