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October 2023

IMPORTANT NOTICE ABOUT YOUR HEALTH CARE PLAN COVERAGE

Re: - Premium Rate Change Effective January 1, 2024

- **Eligibility Verification Form Due December 15, 2023 (*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, 2024**, 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.

2024 WSHIP Premium Rates

Your WSHIP monthly premium rate will be changing effective January 1, 2024.

The following is important information about our 2024 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 2024. 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, 2023

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 2024

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, 2024 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 or www.wahealthplanfinder.org.

Steps for Renewing, Changing, or Buying New Coverage For 2024

Step 1	Review the enclosed WSHIP 2024 Monthly Premium Rates.
Step 2	Find out if you are eligible for Medicaid or federal tax credits for plans offered through the Washington Healthplanfinder. Call 1-855-923-4633 or visit www.wahealthplanfinder.org .
Step 3	Compare your options. 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.
Step 4	To renew WSHIP coverage or change WSHIP plans: <ol style="list-style-type: none">1. Fill out and return the enclosed (purple) Eligibility Verification Form <u>by December 15</u>.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>. <p><u>OR</u></p> <p>To cancel your WSHIP coverage and buy new coverage:</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. Information for Washington Healthplanfinder is available at www.wahealthplanfinder.org or by calling 1-855-923-4633.

Enclosures:

- **2024 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.
- **2024 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)
2024 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	\$902	\$778	\$468	\$400	\$425	\$902	\$778	\$468	\$400	\$425
15	\$982	\$847	\$509	\$436	\$463	\$982	\$847	\$509	\$436	\$463
16	\$1,013	\$873	\$525	\$449	\$477	\$1,013	\$873	\$525	\$449	\$477
17	\$1,043	\$900	\$541	\$463	\$492	\$1,043	\$900	\$541	\$463	\$492
18	\$1,076	\$928	\$558	\$478	\$507	\$1,076	\$928	\$558	\$478	\$507
19	\$1,109	\$957	\$575	\$492	\$523	\$1,109	\$957	\$575	\$492	\$523
20	\$1,143	\$986	\$593	\$507	\$539	\$1,143	\$986	\$593	\$507	\$539
21	\$1,179	\$1,017	\$611	\$523	\$555	\$1,314	\$1,133	\$681	\$583	\$618
22	\$1,179	\$1,017	\$611	\$523	\$555	\$1,314	\$1,133	\$681	\$583	\$618
23	\$1,179	\$1,017	\$611	\$523	\$555	\$1,314	\$1,133	\$681	\$583	\$618
24	\$1,179	\$1,017	\$611	\$523	\$555	\$1,314	\$1,133	\$681	\$583	\$618
25	\$1,184	\$1,021	\$614	\$525	\$558	\$1,319	\$1,138	\$684	\$585	\$622
26	\$1,207	\$1,041	\$626	\$536	\$569	\$1,345	\$1,160	\$697	\$597	\$634
27	\$1,235	\$1,065	\$641	\$548	\$582	\$1,376	\$1,187	\$714	\$611	\$648
28	\$1,281	\$1,105	\$664	\$569	\$604	\$1,427	\$1,231	\$740	\$634	\$673
29	\$1,319	\$1,138	\$684	\$585	\$622	\$1,470	\$1,268	\$762	\$652	\$693
30	\$1,338	\$1,154	\$694	\$594	\$630	\$1,491	\$1,286	\$773	\$662	\$702
31	\$1,366	\$1,178	\$708	\$606	\$644	\$1,522	\$1,312	\$789	\$675	\$718
32	\$1,395	\$1,203	\$723	\$619	\$657	\$1,554	\$1,340	\$806	\$690	\$732
33	\$1,412	\$1,218	\$732	\$627	\$665	\$1,573	\$1,357	\$816	\$699	\$741
34	\$1,431	\$1,234	\$742	\$635	\$674	\$1,594	\$1,375	\$827	\$707	\$751
35	\$1,441	\$1,242	\$747	\$639	\$679	\$1,606	\$1,384	\$832	\$712	\$757
36	\$1,450	\$1,250	\$752	\$643	\$683	\$1,616	\$1,393	\$838	\$716	\$761
37	\$1,459	\$1,259	\$757	\$647	\$688	\$1,626	\$1,403	\$843	\$721	\$767
38	\$1,469	\$1,267	\$762	\$652	\$692	\$1,637	\$1,412	\$849	\$726	\$771
39	\$1,488	\$1,283	\$771	\$660	\$701	\$1,658	\$1,429	\$859	\$735	\$781
40	\$1,507	\$1,299	\$781	\$668	\$710	\$1,679	\$1,447	\$870	\$744	\$791
41	\$1,535	\$1,324	\$796	\$681	\$723	\$1,710	\$1,475	\$887	\$759	\$806
42	\$1,562	\$1,347	\$810	\$693	\$736	\$1,740	\$1,501	\$902	\$772	\$820
43	\$1,600	\$1,380	\$829	\$710	\$754	\$1,783	\$1,538	\$924	\$791	\$840
44	\$1,647	\$1,420	\$854	\$731	\$776	\$1,835	\$1,582	\$951	\$814	\$865
45	\$1,702	\$1,468	\$883	\$755	\$802	\$1,896	\$1,636	\$984	\$841	\$894
46	\$1,768	\$1,525	\$917	\$785	\$833	\$1,970	\$1,699	\$1,022	\$875	\$928
47	\$1,842	\$1,589	\$955	\$817	\$868	\$2,052	\$1,770	\$1,064	\$910	\$967
48	\$1,927	\$1,662	\$999	\$855	\$908	\$2,147	\$1,852	\$1,113	\$953	\$1,012
49	\$2,011	\$1,734	\$1,043	\$892	\$948	\$2,241	\$1,932	\$1,162	\$994	\$1,056
50	\$2,105	\$1,816	\$1,092	\$934	\$992	\$2,345	\$2,023	\$1,217	\$1,041	\$1,105
51	\$2,198	\$1,896	\$1,140	\$975	\$1,036	\$2,449	\$2,112	\$1,270	\$1,086	\$1,154
52	\$2,301	\$1,985	\$1,193	\$1,021	\$1,084	\$2,564	\$2,212	\$1,329	\$1,138	\$1,208
53	\$2,405	\$2,074	\$1,247	\$1,067	\$1,133	\$2,680	\$2,311	\$1,389	\$1,189	\$1,262
54	\$2,517	\$2,171	\$1,305	\$1,117	\$1,186	\$2,804	\$2,419	\$1,454	\$1,245	\$1,321
55	\$2,629	\$2,267	\$1,363	\$1,166	\$1,239	\$2,929	\$2,526	\$1,519	\$1,299	\$1,380
56	\$2,750	\$2,372	\$1,426	\$1,220	\$1,296	\$3,064	\$2,643	\$1,589	\$1,359	\$1,444
57	\$2,873	\$2,478	\$1,489	\$1,275	\$1,354	\$3,201	\$2,761	\$1,659	\$1,421	\$1,509
58	\$3,004	\$2,590	\$1,557	\$1,333	\$1,415	\$3,347	\$2,886	\$1,735	\$1,485	\$1,577
59	\$3,068	\$2,646	\$1,591	\$1,361	\$1,446	\$3,418	\$2,948	\$1,773	\$1,516	\$1,611
60	\$3,199	\$2,759	\$1,659	\$1,419	\$1,508	\$3,564	\$3,074	\$1,848	\$1,581	\$1,680
61	\$3,312	\$2,857	\$1,717	\$1,470	\$1,561	\$3,690	\$3,183	\$1,913	\$1,638	\$1,739
62	\$3,387	\$2,921	\$1,756	\$1,503	\$1,596	\$3,774	\$3,254	\$1,956	\$1,675	\$1,778
63	\$3,480	\$3,001	\$1,804	\$1,544	\$1,640	\$3,877	\$3,344	\$2,010	\$1,720	\$1,827
64	\$3,536	\$3,050	\$1,834	\$1,569	\$1,666	\$3,940	\$3,398	\$2,043	\$1,748	\$1,856
65+	\$3,536	\$3,050	\$1,834	\$1,569	\$1,666	\$3,940	\$3,398	\$2,043	\$1,748	\$1,856

**Washington State Health Insurance Pool (WSHIP)
2024 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 Deductible					Smoker Rates Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000	\$500	\$1,000	\$2,500	\$5,000	\$3000
0-14	\$978	\$844	\$508	\$434	\$461	\$978	\$844	\$508	\$434	\$461
15	\$1,065	\$919	\$552	\$473	\$502	\$1,065	\$919	\$552	\$473	\$502
16	\$1,099	\$947	\$569	\$487	\$517	\$1,099	\$947	\$569	\$487	\$517
17	\$1,131	\$976	\$587	\$502	\$534	\$1,131	\$976	\$587	\$502	\$534
18	\$1,167	\$1,006	\$605	\$518	\$550	\$1,167	\$1,006	\$605	\$518	\$550
19	\$1,203	\$1,038	\$624	\$534	\$567	\$1,203	\$1,038	\$624	\$534	\$567
20	\$1,240	\$1,069	\$643	\$550	\$585	\$1,240	\$1,069	\$643	\$550	\$585
21	\$1,279	\$1,103	\$663	\$567	\$602	\$1,425	\$1,229	\$739	\$632	\$671
22	\$1,279	\$1,103	\$663	\$567	\$602	\$1,425	\$1,229	\$739	\$632	\$671
23	\$1,279	\$1,103	\$663	\$567	\$602	\$1,425	\$1,229	\$739	\$632	\$671
24	\$1,279	\$1,103	\$663	\$567	\$602	\$1,425	\$1,229	\$739	\$632	\$671
25	\$1,284	\$1,107	\$666	\$569	\$605	\$1,431	\$1,233	\$742	\$634	\$674
26	\$1,309	\$1,129	\$679	\$581	\$617	\$1,458	\$1,258	\$757	\$647	\$687
27	\$1,339	\$1,155	\$695	\$594	\$631	\$1,492	\$1,287	\$774	\$662	\$703
28	\$1,389	\$1,198	\$720	\$617	\$655	\$1,548	\$1,335	\$802	\$687	\$730
29	\$1,430	\$1,234	\$742	\$634	\$675	\$1,593	\$1,375	\$827	\$706	\$752
30	\$1,451	\$1,251	\$753	\$644	\$683	\$1,617	\$1,394	\$839	\$718	\$761
31	\$1,481	\$1,278	\$768	\$657	\$698	\$1,650	\$1,424	\$856	\$732	\$778
32	\$1,513	\$1,305	\$784	\$671	\$712	\$1,686	\$1,454	\$873	\$748	\$793
33	\$1,531	\$1,321	\$794	\$680	\$721	\$1,706	\$1,472	\$885	\$758	\$803
34	\$1,552	\$1,338	\$805	\$689	\$731	\$1,729	\$1,491	\$897	\$768	\$814
35	\$1,563	\$1,347	\$810	\$693	\$736	\$1,741	\$1,501	\$902	\$772	\$820
36	\$1,572	\$1,356	\$816	\$697	\$741	\$1,751	\$1,511	\$909	\$777	\$826
37	\$1,582	\$1,365	\$821	\$702	\$746	\$1,763	\$1,521	\$915	\$782	\$831
38	\$1,593	\$1,374	\$826	\$707	\$750	\$1,775	\$1,531	\$920	\$788	\$836
39	\$1,614	\$1,391	\$836	\$716	\$760	\$1,798	\$1,550	\$931	\$798	\$847
40	\$1,634	\$1,409	\$847	\$724	\$770	\$1,821	\$1,570	\$944	\$807	\$858
41	\$1,665	\$1,436	\$863	\$739	\$784	\$1,855	\$1,600	\$962	\$823	\$873
42	\$1,694	\$1,461	\$878	\$752	\$798	\$1,887	\$1,628	\$978	\$838	\$889
43	\$1,735	\$1,497	\$899	\$770	\$818	\$1,933	\$1,668	\$1,002	\$858	\$911
44	\$1,786	\$1,540	\$926	\$793	\$842	\$1,990	\$1,716	\$1,032	\$884	\$938
45	\$1,846	\$1,592	\$958	\$819	\$870	\$2,057	\$1,774	\$1,067	\$912	\$969
46	\$1,917	\$1,654	\$994	\$851	\$903	\$2,136	\$1,843	\$1,107	\$948	\$1,006
47	\$1,998	\$1,723	\$1,036	\$886	\$941	\$2,226	\$1,920	\$1,154	\$987	\$1,048
48	\$2,090	\$1,802	\$1,083	\$927	\$985	\$2,329	\$2,008	\$1,207	\$1,033	\$1,097
49	\$2,181	\$1,880	\$1,131	\$967	\$1,028	\$2,430	\$2,095	\$1,260	\$1,077	\$1,145
50	\$2,283	\$1,969	\$1,184	\$1,013	\$1,076	\$2,544	\$2,194	\$1,319	\$1,129	\$1,199
51	\$2,384	\$2,056	\$1,236	\$1,057	\$1,124	\$2,656	\$2,291	\$1,377	\$1,178	\$1,252
52	\$2,495	\$2,153	\$1,294	\$1,107	\$1,176	\$2,780	\$2,399	\$1,442	\$1,233	\$1,310
53	\$2,608	\$2,249	\$1,352	\$1,157	\$1,229	\$2,906	\$2,506	\$1,506	\$1,289	\$1,369
54	\$2,730	\$2,354	\$1,415	\$1,211	\$1,286	\$3,042	\$2,623	\$1,577	\$1,349	\$1,433
55	\$2,851	\$2,458	\$1,478	\$1,264	\$1,344	\$3,176	\$2,739	\$1,647	\$1,408	\$1,497
56	\$2,982	\$2,572	\$1,546	\$1,323	\$1,405	\$3,322	\$2,866	\$1,722	\$1,474	\$1,565
57	\$3,116	\$2,687	\$1,615	\$1,383	\$1,468	\$3,472	\$2,994	\$1,799	\$1,541	\$1,636
58	\$3,258	\$2,809	\$1,689	\$1,446	\$1,535	\$3,630	\$3,130	\$1,882	\$1,611	\$1,710
59	\$3,327	\$2,870	\$1,725	\$1,476	\$1,568	\$3,707	\$3,198	\$1,922	\$1,644	\$1,747
60	\$3,469	\$2,992	\$1,799	\$1,539	\$1,635	\$3,865	\$3,334	\$2,004	\$1,715	\$1,822
61	\$3,592	\$3,098	\$1,862	\$1,594	\$1,693	\$4,002	\$3,452	\$2,075	\$1,776	\$1,886
62	\$3,673	\$3,168	\$1,904	\$1,630	\$1,731	\$4,092	\$3,530	\$2,121	\$1,816	\$1,929
63	\$3,774	\$3,255	\$1,956	\$1,674	\$1,779	\$4,205	\$3,627	\$2,179	\$1,865	\$1,982
64	\$3,835	\$3,308	\$1,989	\$1,702	\$1,807	\$4,273	\$3,686	\$2,216	\$1,896	\$2,013
65+	\$3,835	\$3,308	\$1,989	\$1,702	\$1,807	\$4,273	\$3,686	\$2,216	\$1,896	\$2,013

**Washington State Health Insurance Pool (WSHIP)
2024 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	\$882	\$761	\$458	\$391	\$416	\$882	\$761	\$458	\$391	\$416
15	\$960	\$828	\$498	\$426	\$453	\$960	\$828	\$498	\$426	\$453
16	\$991	\$854	\$513	\$439	\$467	\$991	\$854	\$513	\$439	\$467
17	\$1,020	\$880	\$529	\$453	\$481	\$1,020	\$880	\$529	\$453	\$481
18	\$1,052	\$908	\$546	\$468	\$496	\$1,052	\$908	\$546	\$468	\$496
19	\$1,085	\$936	\$562	\$481	\$512	\$1,085	\$936	\$562	\$481	\$512
20	\$1,118	\$964	\$580	\$496	\$527	\$1,118	\$964	\$580	\$496	\$527
21	\$1,153	\$995	\$598	\$512	\$543	\$1,285	\$1,109	\$666	\$570	\$605
22	\$1,153	\$995	\$598	\$512	\$543	\$1,285	\$1,109	\$666	\$570	\$605
23	\$1,153	\$995	\$598	\$512	\$543	\$1,285	\$1,109	\$666	\$570	\$605
24	\$1,153	\$995	\$598	\$512	\$543	\$1,285	\$1,109	\$666	\$570	\$605
25	\$1,158	\$999	\$601	\$513	\$546	\$1,290	\$1,113	\$670	\$572	\$608
26	\$1,181	\$1,018	\$612	\$524	\$557	\$1,316	\$1,134	\$682	\$584	\$621
27	\$1,208	\$1,042	\$627	\$536	\$569	\$1,346	\$1,161	\$699	\$597	\$634
28	\$1,253	\$1,081	\$649	\$557	\$591	\$1,396	\$1,204	\$723	\$621	\$658
29	\$1,290	\$1,113	\$669	\$572	\$608	\$1,437	\$1,240	\$745	\$637	\$677
30	\$1,309	\$1,129	\$679	\$581	\$616	\$1,458	\$1,258	\$757	\$647	\$686
31	\$1,336	\$1,152	\$692	\$593	\$630	\$1,489	\$1,284	\$771	\$661	\$702
32	\$1,364	\$1,177	\$707	\$605	\$643	\$1,520	\$1,311	\$788	\$674	\$716
33	\$1,381	\$1,191	\$716	\$613	\$650	\$1,539	\$1,327	\$798	\$683	\$724
34	\$1,400	\$1,207	\$726	\$621	\$659	\$1,560	\$1,345	\$809	\$692	\$734
35	\$1,409	\$1,215	\$731	\$625	\$664	\$1,570	\$1,354	\$814	\$696	\$740
36	\$1,418	\$1,223	\$735	\$629	\$668	\$1,580	\$1,363	\$819	\$701	\$744
37	\$1,427	\$1,231	\$740	\$633	\$673	\$1,590	\$1,372	\$824	\$705	\$750
38	\$1,437	\$1,239	\$745	\$638	\$677	\$1,601	\$1,380	\$830	\$711	\$754
39	\$1,455	\$1,255	\$754	\$646	\$686	\$1,621	\$1,398	\$840	\$720	\$764
40	\$1,474	\$1,270	\$764	\$653	\$694	\$1,642	\$1,415	\$851	\$728	\$773
41	\$1,501	\$1,295	\$779	\$666	\$707	\$1,672	\$1,443	\$868	\$742	\$788
42	\$1,528	\$1,317	\$792	\$678	\$720	\$1,702	\$1,467	\$882	\$755	\$802
43	\$1,565	\$1,350	\$811	\$694	\$737	\$1,744	\$1,504	\$904	\$773	\$821
44	\$1,611	\$1,389	\$835	\$715	\$759	\$1,795	\$1,548	\$930	\$797	\$846
45	\$1,665	\$1,436	\$864	\$738	\$784	\$1,855	\$1,600	\$963	\$822	\$873
46	\$1,729	\$1,492	\$897	\$768	\$815	\$1,926	\$1,662	\$999	\$856	\$908
47	\$1,802	\$1,554	\$934	\$799	\$849	\$2,008	\$1,731	\$1,041	\$890	\$946
48	\$1,885	\$1,626	\$977	\$836	\$888	\$2,100	\$1,812	\$1,089	\$931	\$989
49	\$1,967	\$1,696	\$1,020	\$872	\$927	\$2,192	\$1,890	\$1,136	\$972	\$1,033
50	\$2,059	\$1,776	\$1,068	\$914	\$970	\$2,294	\$1,979	\$1,190	\$1,018	\$1,081
51	\$2,150	\$1,854	\$1,115	\$954	\$1,013	\$2,395	\$2,066	\$1,242	\$1,063	\$1,129
52	\$2,250	\$1,941	\$1,167	\$999	\$1,060	\$2,507	\$2,163	\$1,300	\$1,113	\$1,181
53	\$2,352	\$2,028	\$1,220	\$1,044	\$1,108	\$2,620	\$2,260	\$1,359	\$1,163	\$1,234
54	\$2,462	\$2,123	\$1,276	\$1,092	\$1,160	\$2,743	\$2,365	\$1,422	\$1,217	\$1,292
55	\$2,571	\$2,217	\$1,333	\$1,140	\$1,212	\$2,864	\$2,470	\$1,485	\$1,270	\$1,350
56	\$2,690	\$2,320	\$1,395	\$1,193	\$1,268	\$2,997	\$2,585	\$1,554	\$1,329	\$1,413
57	\$2,810	\$2,424	\$1,456	\$1,247	\$1,324	\$3,131	\$2,701	\$1,622	\$1,389	\$1,475
58	\$2,938	\$2,533	\$1,523	\$1,304	\$1,384	\$3,273	\$2,822	\$1,697	\$1,453	\$1,542
59	\$3,001	\$2,588	\$1,556	\$1,331	\$1,414	\$3,344	\$2,883	\$1,734	\$1,483	\$1,575
60	\$3,129	\$2,698	\$1,623	\$1,388	\$1,475	\$3,486	\$3,006	\$1,808	\$1,546	\$1,643
61	\$3,239	\$2,794	\$1,679	\$1,438	\$1,527	\$3,609	\$3,113	\$1,871	\$1,602	\$1,701
62	\$3,313	\$2,857	\$1,717	\$1,470	\$1,561	\$3,691	\$3,183	\$1,913	\$1,638	\$1,739
63	\$3,404	\$2,935	\$1,764	\$1,510	\$1,604	\$3,793	\$3,270	\$1,965	\$1,682	\$1,787
64	\$3,458	\$2,983	\$1,794	\$1,535	\$1,629	\$3,853	\$3,324	\$1,999	\$1,710	\$1,815
65+	\$3,458	\$2,983	\$1,794	\$1,535	\$1,629	\$3,853	\$3,324	\$1,999	\$1,710	\$1,815

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

PREFERRED PROVIDER PLANS (PPO Plans)

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

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	\$946	\$816	\$491	\$419	\$446	\$946	\$816	\$491	\$419	\$446
15	\$1,029	\$888	\$534	\$457	\$485	\$1,029	\$888	\$534	\$457	\$485
16	\$1,062	\$915	\$550	\$471	\$500	\$1,062	\$915	\$550	\$471	\$500
17	\$1,093	\$943	\$567	\$485	\$516	\$1,093	\$943	\$567	\$485	\$516
18	\$1,128	\$973	\$585	\$501	\$531	\$1,128	\$973	\$585	\$501	\$531
19	\$1,162	\$1,003	\$603	\$516	\$548	\$1,162	\$1,003	\$603	\$516	\$548
20	\$1,198	\$1,034	\$622	\$531	\$565	\$1,198	\$1,034	\$622	\$531	\$565
21	\$1,236	\$1,066	\$640	\$548	\$582	\$1,377	\$1,188	\$713	\$611	\$648
22	\$1,236	\$1,066	\$640	\$548	\$582	\$1,377	\$1,188	\$713	\$611	\$648
23	\$1,236	\$1,066	\$640	\$548	\$582	\$1,377	\$1,188	\$713	\$611	\$648
24	\$1,236	\$1,066	\$640	\$548	\$582	\$1,377	\$1,188	\$713	\$611	\$648
25	\$1,241	\$1,070	\$644	\$550	\$585	\$1,383	\$1,192	\$718	\$613	\$652
26	\$1,265	\$1,091	\$656	\$562	\$596	\$1,409	\$1,216	\$731	\$626	\$664
27	\$1,295	\$1,116	\$672	\$574	\$610	\$1,443	\$1,243	\$749	\$640	\$680
28	\$1,343	\$1,158	\$696	\$596	\$633	\$1,496	\$1,290	\$775	\$664	\$705
29	\$1,383	\$1,193	\$717	\$613	\$652	\$1,541	\$1,329	\$799	\$683	\$726
30	\$1,403	\$1,210	\$727	\$623	\$660	\$1,563	\$1,348	\$810	\$694	\$735
31	\$1,432	\$1,235	\$742	\$635	\$675	\$1,595	\$1,376	\$827	\$707	\$752
32	\$1,462	\$1,261	\$758	\$649	\$689	\$1,629	\$1,405	\$845	\$723	\$768
33	\$1,480	\$1,277	\$767	\$657	\$697	\$1,649	\$1,423	\$855	\$732	\$777
34	\$1,500	\$1,294	\$778	\$666	\$707	\$1,671	\$1,442	\$867	\$742	\$788
35	\$1,511	\$1,302	\$783	\$670	\$712	\$1,683	\$1,451	\$872	\$746	\$793
36	\$1,520	\$1,310	\$788	\$674	\$716	\$1,694	\$1,460	\$878	\$751	\$798
37	\$1,529	\$1,320	\$794	\$678	\$721	\$1,704	\$1,471	\$885	\$755	\$803
38	\$1,540	\$1,328	\$799	\$683	\$725	\$1,716	\$1,480	\$890	\$761	\$808
39	\$1,560	\$1,345	\$808	\$692	\$735	\$1,738	\$1,499	\$900	\$771	\$819
40	\$1,580	\$1,362	\$819	\$700	\$744	\$1,760	\$1,517	\$912	\$780	\$829
41	\$1,609	\$1,388	\$834	\$714	\$758	\$1,793	\$1,546	\$929	\$796	\$845
42	\$1,637	\$1,412	\$849	\$726	\$772	\$1,824	\$1,573	\$946	\$809	\$860
43	\$1,677	\$1,447	\$869	\$744	\$790	\$1,868	\$1,612	\$968	\$829	\$880
44	\$1,726	\$1,489	\$895	\$766	\$813	\$1,923	\$1,659	\$997	\$853	\$906
45	\$1,784	\$1,539	\$926	\$791	\$841	\$1,988	\$1,715	\$1,032	\$881	\$937
46	\$1,853	\$1,599	\$961	\$823	\$873	\$2,065	\$1,782	\$1,071	\$917	\$973
47	\$1,931	\$1,666	\$1,001	\$856	\$910	\$2,151	\$1,856	\$1,115	\$954	\$1,014
48	\$2,020	\$1,742	\$1,047	\$896	\$952	\$2,251	\$1,941	\$1,167	\$998	\$1,061
49	\$2,108	\$1,818	\$1,093	\$935	\$994	\$2,349	\$2,026	\$1,218	\$1,042	\$1,107
50	\$2,207	\$1,904	\$1,145	\$979	\$1,040	\$2,459	\$2,121	\$1,276	\$1,091	\$1,159
51	\$2,304	\$1,987	\$1,195	\$1,022	\$1,086	\$2,567	\$2,214	\$1,331	\$1,139	\$1,210
52	\$2,412	\$2,081	\$1,251	\$1,070	\$1,136	\$2,687	\$2,319	\$1,394	\$1,192	\$1,266
53	\$2,521	\$2,174	\$1,307	\$1,118	\$1,188	\$2,809	\$2,422	\$1,456	\$1,246	\$1,324
54	\$2,638	\$2,276	\$1,368	\$1,171	\$1,243	\$2,939	\$2,536	\$1,524	\$1,305	\$1,385
55	\$2,756	\$2,376	\$1,429	\$1,222	\$1,299	\$3,071	\$2,647	\$1,592	\$1,362	\$1,447
56	\$2,883	\$2,486	\$1,495	\$1,279	\$1,359	\$3,212	\$2,770	\$1,666	\$1,425	\$1,514
57	\$3,012	\$2,598	\$1,561	\$1,337	\$1,419	\$3,356	\$2,895	\$1,739	\$1,490	\$1,581
58	\$3,149	\$2,715	\$1,632	\$1,397	\$1,483	\$3,508	\$3,025	\$1,818	\$1,556	\$1,652
59	\$3,216	\$2,774	\$1,668	\$1,427	\$1,516	\$3,583	\$3,091	\$1,858	\$1,590	\$1,689
60	\$3,353	\$2,892	\$1,739	\$1,487	\$1,581	\$3,736	\$3,222	\$1,938	\$1,657	\$1,761
61	\$3,472	\$2,995	\$1,800	\$1,541	\$1,636	\$3,868	\$3,337	\$2,005	\$1,717	\$1,823
62	\$3,550	\$3,062	\$1,841	\$1,576	\$1,673	\$3,955	\$3,412	\$2,051	\$1,756	\$1,864
63	\$3,648	\$3,146	\$1,891	\$1,618	\$1,719	\$4,064	\$3,505	\$2,107	\$1,803	\$1,915
64	\$3,707	\$3,197	\$1,922	\$1,645	\$1,746	\$4,130	\$3,562	\$2,141	\$1,833	\$1,945
65+	\$3,707	\$3,197	\$1,922	\$1,645	\$1,746	\$4,130	\$3,562	\$2,141	\$1,833	\$1,945

**Washington State Health Insurance Pool (WSHIP)
2024 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	\$955	\$824	\$496	\$424	\$450	\$955	\$824	\$496	\$424	\$450
15	\$1,040	\$897	\$539	\$462	\$490	\$1,040	\$897	\$539	\$462	\$490
16	\$1,073	\$924	\$556	\$475	\$505	\$1,073	\$924	\$556	\$475	\$505
17	\$1,104	\$953	\$573	\$490	\$521	\$1,104	\$953	\$573	\$490	\$521
18	\$1,139	\$983	\$591	\$506	\$537	\$1,139	\$983	\$591	\$506	\$537
19	\$1,174	\$1,013	\$609	\$521	\$554	\$1,174	\$1,013	\$609	\$521	\$554
20	\$1,210	\$1,044	\$628	\$537	\$571	\$1,210	\$1,044	\$628	\$537	\$571
21	\$1,248	\$1,077	\$647	\$554	\$588	\$1,390	\$1,200	\$721	\$617	\$655
22	\$1,248	\$1,077	\$647	\$554	\$588	\$1,390	\$1,200	\$721	\$617	\$655
23	\$1,248	\$1,077	\$647	\$554	\$588	\$1,390	\$1,200	\$721	\$617	\$655
24	\$1,248	\$1,077	\$647	\$554	\$588	\$1,390	\$1,200	\$721	\$617	\$655
25	\$1,254	\$1,081	\$650	\$556	\$591	\$1,397	\$1,204	\$724	\$619	\$658
26	\$1,278	\$1,102	\$663	\$568	\$602	\$1,424	\$1,228	\$739	\$633	\$671
27	\$1,308	\$1,128	\$679	\$580	\$616	\$1,457	\$1,257	\$757	\$646	\$686
28	\$1,356	\$1,170	\$703	\$602	\$640	\$1,511	\$1,304	\$783	\$671	\$713
29	\$1,397	\$1,205	\$724	\$619	\$659	\$1,556	\$1,343	\$807	\$690	\$734
30	\$1,417	\$1,222	\$735	\$629	\$667	\$1,579	\$1,362	\$819	\$701	\$743
31	\$1,446	\$1,247	\$750	\$642	\$682	\$1,611	\$1,389	\$836	\$715	\$760
32	\$1,477	\$1,274	\$766	\$655	\$696	\$1,646	\$1,419	\$853	\$730	\$775
33	\$1,495	\$1,290	\$775	\$664	\$704	\$1,666	\$1,437	\$863	\$740	\$784
34	\$1,515	\$1,307	\$786	\$672	\$714	\$1,688	\$1,456	\$876	\$749	\$796
35	\$1,526	\$1,315	\$791	\$677	\$719	\$1,700	\$1,465	\$881	\$754	\$801
36	\$1,535	\$1,323	\$796	\$681	\$723	\$1,710	\$1,474	\$887	\$759	\$806
37	\$1,545	\$1,333	\$802	\$685	\$728	\$1,721	\$1,485	\$894	\$763	\$811
38	\$1,555	\$1,341	\$807	\$690	\$733	\$1,733	\$1,494	\$899	\$769	\$817
39	\$1,575	\$1,358	\$816	\$699	\$742	\$1,755	\$1,513	\$909	\$779	\$827
40	\$1,596	\$1,375	\$827	\$707	\$752	\$1,778	\$1,532	\$921	\$788	\$838
41	\$1,625	\$1,402	\$843	\$721	\$766	\$1,811	\$1,562	\$939	\$803	\$853
42	\$1,654	\$1,426	\$858	\$734	\$779	\$1,843	\$1,589	\$956	\$818	\$868
43	\$1,694	\$1,461	\$878	\$752	\$798	\$1,887	\$1,628	\$978	\$838	\$889
44	\$1,744	\$1,503	\$904	\$774	\$822	\$1,943	\$1,675	\$1,007	\$862	\$916
45	\$1,802	\$1,554	\$935	\$799	\$849	\$2,008	\$1,731	\$1,042	\$890	\$946
46	\$1,872	\$1,615	\$971	\$831	\$882	\$2,086	\$1,799	\$1,082	\$926	\$983
47	\$1,950	\$1,682	\$1,011	\$865	\$919	\$2,173	\$1,874	\$1,126	\$964	\$1,024
48	\$2,040	\$1,760	\$1,058	\$905	\$961	\$2,273	\$1,961	\$1,179	\$1,008	\$1,071
49	\$2,129	\$1,836	\$1,104	\$944	\$1,004	\$2,372	\$2,046	\$1,230	\$1,052	\$1,119
50	\$2,229	\$1,923	\$1,156	\$989	\$1,050	\$2,483	\$2,143	\$1,288	\$1,102	\$1,170
51	\$2,327	\$2,007	\$1,207	\$1,032	\$1,097	\$2,593	\$2,236	\$1,345	\$1,150	\$1,222
52	\$2,436	\$2,102	\$1,263	\$1,081	\$1,148	\$2,714	\$2,342	\$1,407	\$1,204	\$1,279
53	\$2,546	\$2,196	\$1,320	\$1,130	\$1,200	\$2,837	\$2,447	\$1,471	\$1,259	\$1,337
54	\$2,665	\$2,299	\$1,382	\$1,183	\$1,256	\$2,969	\$2,561	\$1,540	\$1,318	\$1,399
55	\$2,784	\$2,400	\$1,443	\$1,235	\$1,312	\$3,102	\$2,674	\$1,608	\$1,376	\$1,462
56	\$2,912	\$2,511	\$1,510	\$1,292	\$1,372	\$3,244	\$2,798	\$1,682	\$1,439	\$1,529
57	\$3,042	\$2,624	\$1,577	\$1,350	\$1,434	\$3,389	\$2,924	\$1,757	\$1,504	\$1,598
58	\$3,181	\$2,742	\$1,649	\$1,411	\$1,498	\$3,544	\$3,055	\$1,837	\$1,572	\$1,669
59	\$3,248	\$2,802	\$1,685	\$1,441	\$1,531	\$3,619	\$3,122	\$1,877	\$1,606	\$1,706
60	\$3,387	\$2,921	\$1,757	\$1,502	\$1,597	\$3,774	\$3,254	\$1,958	\$1,673	\$1,779
61	\$3,507	\$3,025	\$1,818	\$1,556	\$1,653	\$3,907	\$3,370	\$2,026	\$1,734	\$1,842
62	\$3,586	\$3,093	\$1,859	\$1,591	\$1,690	\$3,995	\$3,446	\$2,071	\$1,773	\$1,883
63	\$3,685	\$3,177	\$1,910	\$1,635	\$1,736	\$4,106	\$3,540	\$2,128	\$1,822	\$1,934
64	\$3,744	\$3,229	\$1,942	\$1,661	\$1,764	\$4,171	\$3,598	\$2,164	\$1,851	\$1,965
65+	\$3,744	\$3,229	\$1,942	\$1,661	\$1,764	\$4,171	\$3,598	\$2,164	\$1,851	\$1,965

**Washington State Health Insurance Pool (WSHIP)
2024 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	\$948	\$818	\$492	\$420	\$447	\$948	\$818	\$492	\$420	\$447
15	\$1,032	\$890	\$535	\$458	\$487	\$1,032	\$890	\$535	\$458	\$487
16	\$1,065	\$918	\$552	\$472	\$501	\$1,065	\$918	\$552	\$472	\$501
17	\$1,096	\$946	\$569	\$487	\$517	\$1,096	\$946	\$569	\$487	\$517
18	\$1,131	\$975	\$586	\$502	\$533	\$1,131	\$975	\$586	\$502	\$533
19	\$1,166	\$1,006	\$604	\$517	\$550	\$1,166	\$1,006	\$604	\$517	\$550
20	\$1,201	\$1,036	\$623	\$533	\$567	\$1,201	\$1,036	\$623	\$533	\$567
21	\$1,239	\$1,069	\$642	\$550	\$583	\$1,380	\$1,191	\$715	\$613	\$650
22	\$1,239	\$1,069	\$642	\$550	\$583	\$1,380	\$1,191	\$715	\$613	\$650
23	\$1,239	\$1,069	\$642	\$550	\$583	\$1,380	\$1,191	\$715	\$613	\$650
24	\$1,239	\$1,069	\$642	\$550	\$583	\$1,380	\$1,191	\$715	\$613	\$650
25	\$1,244	\$1,073	\$645	\$552	\$586	\$1,386	\$1,195	\$719	\$615	\$653
26	\$1,269	\$1,094	\$658	\$563	\$598	\$1,414	\$1,219	\$733	\$627	\$666
27	\$1,298	\$1,119	\$674	\$576	\$612	\$1,446	\$1,247	\$751	\$642	\$682
28	\$1,346	\$1,161	\$698	\$598	\$635	\$1,500	\$1,294	\$778	\$666	\$707
29	\$1,386	\$1,196	\$719	\$615	\$654	\$1,544	\$1,333	\$801	\$685	\$729
30	\$1,406	\$1,213	\$729	\$624	\$662	\$1,567	\$1,351	\$812	\$695	\$738
31	\$1,436	\$1,238	\$744	\$637	\$677	\$1,600	\$1,379	\$829	\$710	\$754
32	\$1,466	\$1,264	\$760	\$651	\$691	\$1,633	\$1,408	\$847	\$725	\$770
33	\$1,484	\$1,280	\$769	\$659	\$699	\$1,653	\$1,426	\$857	\$734	\$779
34	\$1,504	\$1,297	\$780	\$667	\$708	\$1,676	\$1,445	\$869	\$743	\$789
35	\$1,515	\$1,305	\$785	\$672	\$714	\$1,688	\$1,454	\$875	\$749	\$796
36	\$1,524	\$1,314	\$790	\$676	\$718	\$1,698	\$1,464	\$880	\$753	\$800
37	\$1,533	\$1,323	\$796	\$680	\$723	\$1,708	\$1,474	\$887	\$758	\$806
38	\$1,544	\$1,332	\$801	\$685	\$727	\$1,720	\$1,484	\$892	\$763	\$810
39	\$1,564	\$1,348	\$810	\$694	\$737	\$1,743	\$1,502	\$902	\$773	\$821
40	\$1,584	\$1,365	\$821	\$702	\$746	\$1,765	\$1,521	\$915	\$782	\$831
41	\$1,613	\$1,392	\$837	\$716	\$760	\$1,797	\$1,551	\$933	\$798	\$847
42	\$1,642	\$1,416	\$851	\$728	\$774	\$1,829	\$1,578	\$948	\$811	\$862
43	\$1,682	\$1,450	\$871	\$746	\$792	\$1,874	\$1,616	\$970	\$831	\$882
44	\$1,731	\$1,492	\$898	\$768	\$816	\$1,929	\$1,662	\$1,001	\$856	\$909
45	\$1,789	\$1,543	\$928	\$794	\$843	\$1,993	\$1,719	\$1,034	\$885	\$939
46	\$1,858	\$1,603	\$964	\$825	\$876	\$2,070	\$1,786	\$1,074	\$919	\$976
47	\$1,936	\$1,670	\$1,004	\$859	\$912	\$2,157	\$1,861	\$1,119	\$957	\$1,016
48	\$2,025	\$1,747	\$1,050	\$899	\$954	\$2,256	\$1,946	\$1,170	\$1,002	\$1,063
49	\$2,114	\$1,822	\$1,096	\$938	\$996	\$2,355	\$2,030	\$1,221	\$1,045	\$1,110
50	\$2,212	\$1,909	\$1,148	\$982	\$1,043	\$2,465	\$2,127	\$1,279	\$1,094	\$1,162
51	\$2,310	\$1,993	\$1,198	\$1,025	\$1,089	\$2,574	\$2,221	\$1,335	\$1,142	\$1,213
52	\$2,418	\$2,086	\$1,254	\$1,073	\$1,139	\$2,694	\$2,324	\$1,397	\$1,195	\$1,269
53	\$2,528	\$2,180	\$1,311	\$1,121	\$1,191	\$2,817	\$2,429	\$1,461	\$1,249	\$1,327
54	\$2,645	\$2,282	\$1,372	\$1,174	\$1,247	\$2,947	\$2,543	\$1,529	\$1,308	\$1,389
55	\$2,763	\$2,383	\$1,433	\$1,225	\$1,302	\$3,078	\$2,655	\$1,597	\$1,365	\$1,451
56	\$2,890	\$2,493	\$1,499	\$1,282	\$1,362	\$3,220	\$2,778	\$1,670	\$1,428	\$1,517
57	\$3,020	\$2,604	\$1,565	\$1,340	\$1,423	\$3,365	\$2,901	\$1,744	\$1,493	\$1,585
58	\$3,157	\$2,722	\$1,636	\$1,401	\$1,487	\$3,517	\$3,033	\$1,823	\$1,561	\$1,657
59	\$3,225	\$2,781	\$1,672	\$1,430	\$1,520	\$3,593	\$3,098	\$1,863	\$1,593	\$1,694
60	\$3,362	\$2,900	\$1,744	\$1,491	\$1,585	\$3,746	\$3,231	\$1,943	\$1,661	\$1,766
61	\$3,481	\$3,003	\$1,805	\$1,545	\$1,641	\$3,878	\$3,346	\$2,011	\$1,721	\$1,828
62	\$3,560	\$3,070	\$1,846	\$1,580	\$1,677	\$3,966	\$3,420	\$2,057	\$1,760	\$1,868
63	\$3,658	\$3,154	\$1,896	\$1,623	\$1,724	\$4,076	\$3,514	\$2,112	\$1,808	\$1,921
64	\$3,716	\$3,206	\$1,928	\$1,649	\$1,751	\$4,140	\$3,572	\$2,148	\$1,837	\$1,951
65+	\$3,716	\$3,206	\$1,928	\$1,649	\$1,751	\$4,140	\$3,572	\$2,148	\$1,837	\$1,951

**Washington State Health Insurance Pool (WSHIP)
2024 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	\$925	\$798	\$480	\$410	\$436	\$925	\$798	\$480	\$410	\$436
15	\$1,008	\$869	\$522	\$447	\$475	\$1,008	\$869	\$522	\$447	\$475
16	\$1,039	\$896	\$539	\$461	\$489	\$1,039	\$896	\$539	\$461	\$489
17	\$1,070	\$923	\$555	\$475	\$505	\$1,070	\$923	\$555	\$475	\$505
18	\$1,104	\$952	\$573	\$490	\$520	\$1,104	\$952	\$573	\$490	\$520
19	\$1,138	\$982	\$590	\$505	\$537	\$1,138	\$982	\$590	\$505	\$537
20	\$1,173	\$1,012	\$608	\$520	\$553	\$1,173	\$1,012	\$608	\$520	\$553
21	\$1,210	\$1,043	\$627	\$537	\$569	\$1,348	\$1,162	\$699	\$598	\$634
22	\$1,210	\$1,043	\$627	\$537	\$569	\$1,348	\$1,162	\$699	\$598	\$634
23	\$1,210	\$1,043	\$627	\$537	\$569	\$1,348	\$1,162	\$699	\$598	\$634
24	\$1,210	\$1,043	\$627	\$537	\$569	\$1,348	\$1,162	\$699	\$598	\$634
25	\$1,215	\$1,048	\$630	\$539	\$573	\$1,354	\$1,168	\$702	\$601	\$638
26	\$1,238	\$1,068	\$642	\$550	\$584	\$1,379	\$1,190	\$715	\$613	\$651
27	\$1,267	\$1,093	\$658	\$562	\$597	\$1,412	\$1,218	\$733	\$626	\$665
28	\$1,314	\$1,134	\$681	\$584	\$620	\$1,464	\$1,263	\$759	\$651	\$691
29	\$1,353	\$1,168	\$702	\$600	\$638	\$1,507	\$1,301	\$782	\$668	\$711
30	\$1,373	\$1,184	\$712	\$609	\$646	\$1,530	\$1,319	\$793	\$679	\$720
31	\$1,402	\$1,209	\$726	\$622	\$661	\$1,562	\$1,347	\$809	\$693	\$736
32	\$1,431	\$1,234	\$742	\$635	\$674	\$1,594	\$1,375	\$827	\$707	\$751
33	\$1,449	\$1,250	\$751	\$643	\$682	\$1,614	\$1,393	\$837	\$716	\$760
34	\$1,468	\$1,266	\$761	\$652	\$692	\$1,636	\$1,411	\$848	\$726	\$771
35	\$1,479	\$1,274	\$766	\$656	\$697	\$1,648	\$1,419	\$853	\$731	\$777
36	\$1,488	\$1,283	\$772	\$660	\$701	\$1,658	\$1,429	\$860	\$735	\$781
37	\$1,497	\$1,292	\$777	\$664	\$706	\$1,668	\$1,439	\$866	\$740	\$787
38	\$1,507	\$1,300	\$782	\$669	\$710	\$1,679	\$1,448	\$871	\$745	\$791
39	\$1,527	\$1,316	\$791	\$677	\$719	\$1,701	\$1,466	\$881	\$754	\$801
40	\$1,546	\$1,333	\$801	\$685	\$728	\$1,722	\$1,485	\$892	\$763	\$811
41	\$1,575	\$1,358	\$817	\$699	\$742	\$1,755	\$1,513	\$910	\$779	\$827
42	\$1,603	\$1,382	\$831	\$711	\$755	\$1,786	\$1,540	\$926	\$792	\$841
43	\$1,642	\$1,416	\$851	\$728	\$774	\$1,829	\$1,578	\$948	\$811	\$862
44	\$1,690	\$1,457	\$876	\$750	\$796	\$1,883	\$1,623	\$976	\$836	\$887
45	\$1,746	\$1,506	\$906	\$775	\$823	\$1,945	\$1,678	\$1,009	\$863	\$917
46	\$1,814	\$1,565	\$941	\$805	\$855	\$2,021	\$1,744	\$1,048	\$897	\$953
47	\$1,890	\$1,630	\$980	\$838	\$891	\$2,106	\$1,816	\$1,092	\$934	\$993
48	\$1,977	\$1,705	\$1,025	\$877	\$932	\$2,203	\$1,900	\$1,142	\$977	\$1,038
49	\$2,063	\$1,779	\$1,070	\$915	\$973	\$2,299	\$1,982	\$1,192	\$1,019	\$1,084
50	\$2,160	\$1,863	\$1,120	\$958	\$1,018	\$2,407	\$2,076	\$1,248	\$1,067	\$1,134
51	\$2,255	\$1,945	\$1,170	\$1,000	\$1,063	\$2,512	\$2,167	\$1,304	\$1,114	\$1,184
52	\$2,361	\$2,037	\$1,224	\$1,048	\$1,112	\$2,631	\$2,270	\$1,364	\$1,168	\$1,239
53	\$2,468	\$2,128	\$1,279	\$1,095	\$1,163	\$2,750	\$2,371	\$1,425	\$1,220	\$1,296
54	\$2,583	\$2,228	\$1,339	\$1,146	\$1,217	\$2,878	\$2,482	\$1,492	\$1,277	\$1,356
55	\$2,697	\$2,326	\$1,399	\$1,196	\$1,271	\$3,005	\$2,592	\$1,559	\$1,333	\$1,416
56	\$2,822	\$2,434	\$1,463	\$1,252	\$1,330	\$3,144	\$2,712	\$1,630	\$1,395	\$1,482
57	\$2,948	\$2,543	\$1,528	\$1,308	\$1,389	\$3,285	\$2,833	\$1,702	\$1,457	\$1,548
58	\$3,082	\$2,657	\$1,598	\$1,368	\$1,452	\$3,434	\$2,960	\$1,780	\$1,524	\$1,618
59	\$3,148	\$2,715	\$1,632	\$1,396	\$1,484	\$3,507	\$3,025	\$1,818	\$1,555	\$1,653
60	\$3,282	\$2,831	\$1,702	\$1,456	\$1,547	\$3,657	\$3,154	\$1,896	\$1,622	\$1,724
61	\$3,398	\$2,931	\$1,762	\$1,508	\$1,602	\$3,786	\$3,266	\$1,963	\$1,680	\$1,785
62	\$3,475	\$2,997	\$1,802	\$1,542	\$1,638	\$3,872	\$3,339	\$2,008	\$1,718	\$1,825
63	\$3,571	\$3,079	\$1,851	\$1,584	\$1,683	\$3,979	\$3,430	\$2,062	\$1,765	\$1,875
64	\$3,628	\$3,129	\$1,882	\$1,610	\$1,709	\$4,042	\$3,486	\$2,097	\$1,794	\$1,904
65+	\$3,628	\$3,129	\$1,882	\$1,610	\$1,709	\$4,042	\$3,486	\$2,097	\$1,794	\$1,904

**Washington State Health Insurance Pool (WSHIP)
2024 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	\$961	\$829	\$499	\$426	\$453	\$961	\$829	\$499	\$426	\$453
15	\$1,046	\$902	\$542	\$464	\$493	\$1,046	\$902	\$542	\$464	\$493
16	\$1,079	\$930	\$559	\$478	\$508	\$1,079	\$930	\$559	\$478	\$508
17	\$1,111	\$959	\$576	\$493	\$524	\$1,111	\$959	\$576	\$493	\$524
18	\$1,146	\$989	\$594	\$509	\$540	\$1,146	\$989	\$594	\$509	\$540
19	\$1,181	\$1,019	\$613	\$524	\$557	\$1,181	\$1,019	\$613	\$524	\$557
20	\$1,218	\$1,050	\$632	\$540	\$574	\$1,218	\$1,050	\$632	\$540	\$574
21	\$1,256	\$1,083	\$651	\$557	\$591	\$1,399	\$1,207	\$725	\$621	\$658
22	\$1,256	\$1,083	\$651	\$557	\$591	\$1,399	\$1,207	\$725	\$621	\$658
23	\$1,256	\$1,083	\$651	\$557	\$591	\$1,399	\$1,207	\$725	\$621	\$658
24	\$1,256	\$1,083	\$651	\$557	\$591	\$1,399	\$1,207	\$725	\$621	\$658
25	\$1,261	\$1,088	\$654	\$559	\$594	\$1,405	\$1,212	\$729	\$623	\$662
26	\$1,286	\$1,109	\$667	\$571	\$606	\$1,433	\$1,236	\$743	\$636	\$675
27	\$1,316	\$1,135	\$683	\$584	\$620	\$1,466	\$1,265	\$761	\$651	\$691
28	\$1,365	\$1,177	\$707	\$606	\$643	\$1,521	\$1,311	\$788	\$675	\$716
29	\$1,405	\$1,212	\$729	\$623	\$663	\$1,565	\$1,350	\$812	\$694	\$739
30	\$1,425	\$1,229	\$739	\$633	\$671	\$1,588	\$1,369	\$823	\$705	\$748
31	\$1,455	\$1,255	\$754	\$646	\$686	\$1,621	\$1,398	\$840	\$720	\$764
32	\$1,486	\$1,282	\$770	\$659	\$700	\$1,656	\$1,428	\$858	\$734	\$780
33	\$1,504	\$1,297	\$780	\$668	\$708	\$1,676	\$1,445	\$869	\$744	\$789
34	\$1,524	\$1,315	\$790	\$676	\$718	\$1,698	\$1,465	\$880	\$753	\$800
35	\$1,535	\$1,323	\$796	\$681	\$723	\$1,710	\$1,474	\$887	\$759	\$806
36	\$1,545	\$1,332	\$801	\$685	\$728	\$1,721	\$1,484	\$892	\$763	\$811
37	\$1,554	\$1,341	\$806	\$689	\$733	\$1,731	\$1,494	\$898	\$768	\$817
38	\$1,565	\$1,350	\$812	\$695	\$737	\$1,744	\$1,504	\$905	\$774	\$821
39	\$1,585	\$1,367	\$821	\$703	\$747	\$1,766	\$1,523	\$915	\$783	\$832
40	\$1,605	\$1,384	\$832	\$712	\$756	\$1,788	\$1,542	\$927	\$793	\$842
41	\$1,635	\$1,410	\$848	\$725	\$770	\$1,822	\$1,571	\$945	\$808	\$858
42	\$1,664	\$1,435	\$863	\$738	\$784	\$1,854	\$1,599	\$962	\$822	\$873
43	\$1,704	\$1,470	\$883	\$756	\$803	\$1,899	\$1,638	\$984	\$842	\$895
44	\$1,754	\$1,513	\$910	\$779	\$827	\$1,954	\$1,686	\$1,014	\$868	\$921
45	\$1,813	\$1,564	\$941	\$804	\$854	\$2,020	\$1,743	\$1,048	\$896	\$951
46	\$1,883	\$1,625	\$977	\$836	\$887	\$2,098	\$1,811	\$1,089	\$931	\$988
47	\$1,962	\$1,693	\$1,017	\$870	\$925	\$2,186	\$1,886	\$1,133	\$969	\$1,031
48	\$2,053	\$1,770	\$1,064	\$911	\$967	\$2,287	\$1,972	\$1,185	\$1,015	\$1,077
49	\$2,142	\$1,847	\$1,111	\$950	\$1,010	\$2,387	\$2,058	\$1,238	\$1,058	\$1,125
50	\$2,242	\$1,935	\$1,163	\$995	\$1,057	\$2,498	\$2,156	\$1,296	\$1,109	\$1,178
51	\$2,341	\$2,020	\$1,214	\$1,039	\$1,104	\$2,608	\$2,251	\$1,353	\$1,158	\$1,230
52	\$2,451	\$2,115	\$1,271	\$1,088	\$1,155	\$2,731	\$2,356	\$1,416	\$1,212	\$1,287
53	\$2,562	\$2,209	\$1,328	\$1,137	\$1,207	\$2,854	\$2,461	\$1,480	\$1,267	\$1,345
54	\$2,681	\$2,313	\$1,390	\$1,190	\$1,263	\$2,987	\$2,577	\$1,549	\$1,326	\$1,407
55	\$2,801	\$2,415	\$1,452	\$1,242	\$1,320	\$3,121	\$2,691	\$1,618	\$1,384	\$1,471
56	\$2,929	\$2,527	\$1,519	\$1,300	\$1,381	\$3,263	\$2,815	\$1,692	\$1,448	\$1,539
57	\$3,061	\$2,640	\$1,586	\$1,358	\$1,442	\$3,410	\$2,941	\$1,767	\$1,513	\$1,607
58	\$3,200	\$2,759	\$1,659	\$1,420	\$1,507	\$3,565	\$3,074	\$1,848	\$1,582	\$1,679
59	\$3,268	\$2,819	\$1,695	\$1,450	\$1,540	\$3,641	\$3,141	\$1,888	\$1,616	\$1,716
60	\$3,408	\$2,939	\$1,767	\$1,512	\$1,606	\$3,797	\$3,275	\$1,969	\$1,685	\$1,789
61	\$3,528	\$3,043	\$1,829	\$1,566	\$1,663	\$3,931	\$3,390	\$2,038	\$1,745	\$1,853
62	\$3,608	\$3,112	\$1,871	\$1,601	\$1,700	\$4,020	\$3,467	\$2,085	\$1,784	\$1,894
63	\$3,707	\$3,197	\$1,922	\$1,645	\$1,747	\$4,130	\$3,562	\$2,141	\$1,833	\$1,946
64	\$3,767	\$3,249	\$1,954	\$1,671	\$1,775	\$4,197	\$3,620	\$2,177	\$1,862	\$1,978
65+	\$3,767	\$3,249	\$1,954	\$1,671	\$1,775	\$4,197	\$3,620	\$2,177	\$1,862	\$1,978

**Washington State Health Insurance Pool (WSHIP)
2024 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	\$970	\$837	\$504	\$430	\$457	\$970	\$837	\$504	\$430	\$457
15	\$1,057	\$911	\$548	\$469	\$498	\$1,057	\$911	\$548	\$469	\$498
16	\$1,090	\$939	\$565	\$483	\$513	\$1,090	\$939	\$565	\$483	\$513
17	\$1,122	\$968	\$582	\$498	\$529	\$1,122	\$968	\$582	\$498	\$529
18	\$1,158	\$998	\$600	\$514	\$545	\$1,158	\$998	\$600	\$514	\$545
19	\$1,193	\$1,030	\$619	\$529	\$563	\$1,193	\$1,030	\$619	\$529	\$563
20	\$1,230	\$1,061	\$638	\$545	\$580	\$1,230	\$1,061	\$638	\$545	\$580
21	\$1,268	\$1,094	\$657	\$563	\$597	\$1,413	\$1,219	\$732	\$627	\$665
22	\$1,268	\$1,094	\$657	\$563	\$597	\$1,413	\$1,219	\$732	\$627	\$665
23	\$1,268	\$1,094	\$657	\$563	\$597	\$1,413	\$1,219	\$732	\$627	\$665
24	\$1,268	\$1,094	\$657	\$563	\$597	\$1,413	\$1,219	\$732	\$627	\$665
25	\$1,274	\$1,099	\$661	\$565	\$600	\$1,419	\$1,224	\$736	\$629	\$668
26	\$1,299	\$1,120	\$674	\$577	\$612	\$1,447	\$1,248	\$751	\$643	\$682
27	\$1,329	\$1,146	\$690	\$590	\$626	\$1,481	\$1,277	\$769	\$657	\$697
28	\$1,378	\$1,189	\$714	\$612	\$650	\$1,535	\$1,325	\$796	\$682	\$724
29	\$1,419	\$1,224	\$736	\$629	\$669	\$1,581	\$1,364	\$820	\$701	\$745
30	\$1,440	\$1,242	\$747	\$639	\$678	\$1,604	\$1,384	\$832	\$712	\$755
31	\$1,470	\$1,267	\$762	\$652	\$693	\$1,638	\$1,412	\$849	\$726	\$772
32	\$1,501	\$1,294	\$778	\$666	\$707	\$1,672	\$1,442	\$867	\$742	\$788
33	\$1,519	\$1,310	\$788	\$675	\$715	\$1,692	\$1,460	\$878	\$752	\$797
34	\$1,540	\$1,328	\$798	\$683	\$725	\$1,716	\$1,480	\$889	\$761	\$808
35	\$1,550	\$1,336	\$804	\$688	\$731	\$1,727	\$1,489	\$896	\$767	\$814
36	\$1,560	\$1,345	\$809	\$692	\$735	\$1,738	\$1,499	\$901	\$771	\$819
37	\$1,570	\$1,355	\$814	\$696	\$740	\$1,749	\$1,510	\$907	\$775	\$824
38	\$1,581	\$1,363	\$820	\$701	\$745	\$1,761	\$1,519	\$914	\$781	\$830
39	\$1,601	\$1,380	\$830	\$710	\$754	\$1,784	\$1,538	\$925	\$791	\$840
40	\$1,621	\$1,398	\$840	\$719	\$764	\$1,806	\$1,558	\$936	\$801	\$851
41	\$1,652	\$1,425	\$856	\$733	\$778	\$1,841	\$1,588	\$954	\$817	\$867
42	\$1,681	\$1,449	\$871	\$746	\$792	\$1,873	\$1,614	\$970	\$831	\$882
43	\$1,721	\$1,485	\$892	\$764	\$811	\$1,917	\$1,655	\$994	\$851	\$904
44	\$1,772	\$1,528	\$919	\$786	\$835	\$1,974	\$1,702	\$1,024	\$876	\$930
45	\$1,831	\$1,579	\$950	\$812	\$863	\$2,040	\$1,759	\$1,058	\$905	\$962
46	\$1,902	\$1,641	\$987	\$845	\$896	\$2,119	\$1,828	\$1,100	\$941	\$998
47	\$1,982	\$1,710	\$1,027	\$879	\$934	\$2,208	\$1,905	\$1,144	\$979	\$1,041
48	\$2,073	\$1,788	\$1,075	\$920	\$977	\$2,310	\$1,992	\$1,198	\$1,025	\$1,089
49	\$2,164	\$1,866	\$1,122	\$960	\$1,020	\$2,411	\$2,079	\$1,250	\$1,070	\$1,136
50	\$2,265	\$1,954	\$1,175	\$1,005	\$1,067	\$2,524	\$2,177	\$1,309	\$1,120	\$1,189
51	\$2,365	\$2,040	\$1,227	\$1,049	\$1,115	\$2,635	\$2,273	\$1,367	\$1,169	\$1,242
52	\$2,476	\$2,136	\$1,284	\$1,099	\$1,166	\$2,759	\$2,380	\$1,431	\$1,224	\$1,299
53	\$2,588	\$2,231	\$1,342	\$1,148	\$1,219	\$2,883	\$2,486	\$1,495	\$1,279	\$1,358
54	\$2,708	\$2,336	\$1,404	\$1,202	\$1,276	\$3,017	\$2,603	\$1,564	\$1,339	\$1,422
55	\$2,829	\$2,439	\$1,466	\$1,255	\$1,333	\$3,152	\$2,717	\$1,633	\$1,398	\$1,485
56	\$2,959	\$2,552	\$1,534	\$1,313	\$1,394	\$3,297	\$2,843	\$1,709	\$1,463	\$1,553
57	\$3,091	\$2,666	\$1,602	\$1,372	\$1,457	\$3,444	\$2,970	\$1,785	\$1,529	\$1,623
58	\$3,232	\$2,787	\$1,675	\$1,434	\$1,522	\$3,601	\$3,105	\$1,866	\$1,598	\$1,696
59	\$3,301	\$2,847	\$1,712	\$1,464	\$1,556	\$3,678	\$3,172	\$1,907	\$1,631	\$1,734
60	\$3,442	\$2,968	\$1,785	\$1,527	\$1,622	\$3,835	\$3,307	\$1,989	\$1,701	\$1,807
61	\$3,563	\$3,074	\$1,847	\$1,582	\$1,679	\$3,970	\$3,425	\$2,058	\$1,763	\$1,871
62	\$3,644	\$3,143	\$1,889	\$1,617	\$1,717	\$4,060	\$3,502	\$2,105	\$1,802	\$1,913
63	\$3,744	\$3,229	\$1,941	\$1,661	\$1,764	\$4,171	\$3,598	\$2,163	\$1,851	\$1,965
64	\$3,804	\$3,282	\$1,973	\$1,688	\$1,792	\$4,238	\$3,657	\$2,198	\$1,881	\$1,997
65+	\$3,804	\$3,282	\$1,973	\$1,688	\$1,792	\$4,238	\$3,657	\$2,198	\$1,881	\$1,997



WASHINGTON STATE HEALTH INSURANCE POOL

PO Box 1090
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, 2023

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 2023

«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, 2023

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, 2024:

- I DO NOT want to change my plan for 2024** (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, 2023**. 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) 2024 WSHIP Benefit Plans Summary and Comparison Chart (Non-Medicare Plans)

DEDUCTIBLES, COINSURANCE, OUT-OF-POCKET	Preferred Provider	HSA Qualified Preferred Provider
Annual Deductible (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)
Coinsurance	20% Network 40% Non-Network	20% Network 40% Non-Network
Annual Out-of-Pocket Expense Limits (Individual) <i>The maximum amount you pay yearly including deductible and coinsurance</i>	<p>\$500 Plan: \$1,000 Network \$2,000 Non-Network \$ 500 Prescription Drug</p> <p>\$1,000 Plan: \$1,650 Network \$3,300 Non-Network \$ 850 Prescription Drug</p> <p>\$2,500 Plan: \$5,000 Network \$7,500 Non-Network \$5,000 Prescription Drug</p> <p>\$5,000 Plan: \$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)
PRESCRIPTION DRUGS	<p>\$500 Plan: Generic: \$2 copay Preferred Brand: 10% up to \$50 Non-Preferred: 15% up to \$100</p> <p>\$1,000 Plan: Generic: \$5 copay Preferred Brand: 15% up to \$50 Non-Preferred: 20% up to \$100</p> <p>\$2,500 and \$5,000 Plans: 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.

2024 WSHIP Benefit Plans Summary and Comparison Chart (continued)

MEDICAL BENEFITS	Preferred Provider		HSA Qualified Preferred Provider	
	Network	Non-Network	Network	Non-Network
COINSURANCE (% You Pay) AND LIMITS PCY (1)				
PREVENTIVE CARE				
Preventive care exams and immunizations <i>(deductible waived)</i>	0% / 40%		0% / 40%	
PROFESSIONAL SERVICES				
Office, inpatient, and outpatient professional services	20% / 40%		20% / 40%	
DIAGNOSTIC SERVICES				
Diagnostic x-ray & laboratory services	20% / 40%		20% / 40%	
Mammography <i>(deductible waived)</i>	0% / 40%		0% / 40%	
HOSPITAL SERVICES				
Inpatient (2) and outpatient facility services	20% / 40%		20% / 40%	
EMERGENCY CARE				
Emergency room	20% / 20%		20% / 20%	
OTHER SERVICES				
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.

2024 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 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 1st 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 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 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

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