

**Washington State Health Insurance Pool (WSHIP)
2016 Monthly Premium Rates**

PREFERRED PROVIDER PLANS (PPO Plans)

Area 1: King County

Age	Non-Smoker Rates					Smoker Rates				
	Deductible					Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000 HSA	\$500	\$1,000	\$2,500	\$5,000	\$3,000 HSA
0-20	\$525	\$481	\$259	\$210	\$236	\$525	\$481	\$259	\$210	\$236
21	\$827	\$758	\$408	\$330	\$371	\$906	\$830	\$447	\$362	\$407
22	\$827	\$758	\$408	\$330	\$371	\$906	\$830	\$447	\$362	\$407
23	\$827	\$758	\$408	\$330	\$371	\$906	\$830	\$447	\$362	\$407
24	\$827	\$758	\$408	\$330	\$371	\$906	\$830	\$447	\$362	\$407
25	\$830	\$761	\$409	\$332	\$373	\$910	\$834	\$449	\$363	\$409
26	\$847	\$776	\$418	\$338	\$380	\$928	\$850	\$458	\$371	\$417
27	\$867	\$794	\$427	\$346	\$389	\$950	\$870	\$469	\$379	\$427
28	\$899	\$824	\$443	\$359	\$404	\$985	\$903	\$486	\$393	\$443
29	\$925	\$848	\$456	\$370	\$416	\$1,014	\$929	\$500	\$405	\$456
30	\$939	\$860	\$463	\$375	\$422	\$1,029	\$943	\$507	\$411	\$462
31	\$959	\$878	\$473	\$383	\$430	\$1,051	\$963	\$518	\$419	\$472
32	\$978	\$896	\$482	\$391	\$439	\$1,072	\$982	\$529	\$428	\$482
33	\$991	\$908	\$489	\$396	\$445	\$1,086	\$995	\$536	\$434	\$488
34	\$1,004	\$920	\$495	\$401	\$451	\$1,100	\$1,008	\$543	\$439	\$494
35	\$1,011	\$926	\$498	\$404	\$454	\$1,108	\$1,015	\$546	\$442	\$497
36	\$1,017	\$932	\$502	\$406	\$457	\$1,115	\$1,022	\$550	\$445	\$501
37	\$1,024	\$938	\$505	\$409	\$460	\$1,122	\$1,028	\$553	\$448	\$504
38	\$1,030	\$944	\$508	\$412	\$463	\$1,129	\$1,035	\$557	\$451	\$507
39	\$1,044	\$956	\$515	\$417	\$469	\$1,144	\$1,048	\$564	\$457	\$514
40	\$1,057	\$968	\$521	\$422	\$475	\$1,158	\$1,061	\$571	\$462	\$520
41	\$1,077	\$987	\$531	\$430	\$484	\$1,180	\$1,081	\$582	\$471	\$530
42	\$1,096	\$1,004	\$540	\$438	\$492	\$1,201	\$1,100	\$592	\$480	\$539
43	\$1,122	\$1,028	\$553	\$448	\$504	\$1,230	\$1,127	\$607	\$491	\$552
44	\$1,155	\$1,059	\$570	\$461	\$519	\$1,266	\$1,160	\$625	\$506	\$569
45	\$1,194	\$1,094	\$589	\$477	\$536	\$1,309	\$1,199	\$646	\$523	\$588
46	\$1,241	\$1,137	\$612	\$496	\$557	\$1,360	\$1,246	\$671	\$543	\$611
47	\$1,293	\$1,184	\$637	\$516	\$581	\$1,417	\$1,298	\$699	\$566	\$636
48	\$1,352	\$1,239	\$667	\$540	\$607	\$1,482	\$1,358	\$731	\$592	\$666
49	\$1,411	\$1,293	\$696	\$564	\$634	\$1,546	\$1,417	\$763	\$617	\$695
50	\$1,477	\$1,353	\$728	\$590	\$663	\$1,619	\$1,483	\$798	\$646	\$727
51	\$1,542	\$1,413	\$761	\$616	\$693	\$1,690	\$1,549	\$834	\$675	\$759
52	\$1,614	\$1,479	\$796	\$645	\$725	\$1,769	\$1,621	\$873	\$706	\$795
53	\$1,687	\$1,546	\$832	\$674	\$758	\$1,849	\$1,694	\$912	\$738	\$831
54	\$1,766	\$1,618	\$871	\$705	\$793	\$1,935	\$1,773	\$955	\$773	\$869
55	\$1,844	\$1,690	\$909	\$737	\$828	\$2,021	\$1,852	\$997	\$807	\$908
56	\$1,929	\$1,768	\$952	\$771	\$866	\$2,115	\$1,938	\$1,043	\$844	\$950
57	\$2,015	\$1,847	\$994	\$805	\$905	\$2,209	\$2,024	\$1,090	\$882	\$992
58	\$2,107	\$1,931	\$1,039	\$842	\$946	\$2,310	\$2,116	\$1,139	\$922	\$1,037
59	\$2,153	\$1,972	\$1,062	\$860	\$967	\$2,359	\$2,162	\$1,164	\$942	\$1,060
60	\$2,245	\$2,057	\$1,107	\$897	\$1,008	\$2,460	\$2,254	\$1,213	\$982	\$1,105
61	\$2,324	\$2,129	\$1,146	\$928	\$1,044	\$2,547	\$2,334	\$1,256	\$1,017	\$1,144
62	\$2,376	\$2,177	\$1,172	\$949	\$1,067	\$2,604	\$2,386	\$1,284	\$1,040	\$1,170
63	\$2,441	\$2,237	\$1,204	\$975	\$1,096	\$2,676	\$2,452	\$1,320	\$1,068	\$1,202
64	\$2,481	\$2,273	\$1,224	\$991	\$1,114	\$2,719	\$2,491	\$1,341	\$1,086	\$1,221
65+	\$2,481	\$2,273	\$1,224	\$991	\$1,114	\$2,719	\$2,491	\$1,341	\$1,086	\$1,221

**Washington State Health Insurance Pool (WSHIP)
2016 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$500 Deductible**

Area 1: King County

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$716	\$597	\$680	\$567	\$716	\$597	\$680	\$567
21	\$1,128	\$940	\$1,071	\$893	\$1,236	\$1,030	\$1,174	\$979
22	\$1,128	\$940	\$1,071	\$893	\$1,236	\$1,030	\$1,174	\$979
23	\$1,128	\$940	\$1,071	\$893	\$1,236	\$1,030	\$1,174	\$979
24	\$1,128	\$940	\$1,071	\$893	\$1,236	\$1,030	\$1,174	\$979
25	\$1,132	\$944	\$1,076	\$896	\$1,241	\$1,034	\$1,179	\$982
26	\$1,155	\$962	\$1,097	\$914	\$1,266	\$1,055	\$1,202	\$1,002
27	\$1,182	\$985	\$1,123	\$936	\$1,295	\$1,079	\$1,231	\$1,026
28	\$1,226	\$1,022	\$1,165	\$970	\$1,344	\$1,120	\$1,276	\$1,064
29	\$1,262	\$1,052	\$1,199	\$999	\$1,383	\$1,153	\$1,314	\$1,095
30	\$1,280	\$1,067	\$1,216	\$1,013	\$1,403	\$1,169	\$1,333	\$1,111
31	\$1,307	\$1,089	\$1,242	\$1,035	\$1,433	\$1,194	\$1,361	\$1,134
32	\$1,334	\$1,112	\$1,267	\$1,056	\$1,462	\$1,219	\$1,389	\$1,158
33	\$1,351	\$1,126	\$1,284	\$1,070	\$1,481	\$1,234	\$1,407	\$1,172
34	\$1,369	\$1,141	\$1,301	\$1,084	\$1,501	\$1,250	\$1,426	\$1,188
35	\$1,378	\$1,148	\$1,309	\$1,091	\$1,510	\$1,259	\$1,435	\$1,196
36	\$1,387	\$1,156	\$1,318	\$1,098	\$1,520	\$1,267	\$1,444	\$1,204
37	\$1,396	\$1,163	\$1,326	\$1,105	\$1,530	\$1,275	\$1,454	\$1,211
38	\$1,405	\$1,171	\$1,335	\$1,112	\$1,540	\$1,283	\$1,463	\$1,219
39	\$1,423	\$1,186	\$1,352	\$1,127	\$1,560	\$1,300	\$1,482	\$1,235
40	\$1,441	\$1,201	\$1,369	\$1,141	\$1,580	\$1,316	\$1,501	\$1,251
41	\$1,468	\$1,224	\$1,395	\$1,162	\$1,609	\$1,341	\$1,529	\$1,274
42	\$1,494	\$1,245	\$1,420	\$1,183	\$1,638	\$1,365	\$1,556	\$1,297
43	\$1,530	\$1,275	\$1,454	\$1,212	\$1,677	\$1,398	\$1,593	\$1,328
44	\$1,575	\$1,313	\$1,497	\$1,247	\$1,727	\$1,439	\$1,640	\$1,367
45	\$1,628	\$1,357	\$1,547	\$1,289	\$1,785	\$1,487	\$1,696	\$1,413
46	\$1,692	\$1,410	\$1,607	\$1,339	\$1,854	\$1,545	\$1,761	\$1,468
47	\$1,763	\$1,469	\$1,675	\$1,395	\$1,932	\$1,610	\$1,835	\$1,529
48	\$1,844	\$1,537	\$1,752	\$1,460	\$2,021	\$1,684	\$1,920	\$1,600
49	\$1,924	\$1,603	\$1,828	\$1,523	\$2,109	\$1,757	\$2,003	\$1,669
50	\$2,014	\$1,678	\$1,913	\$1,595	\$2,208	\$1,840	\$2,097	\$1,748
51	\$2,103	\$1,753	\$1,998	\$1,665	\$2,305	\$1,921	\$2,190	\$1,825
52	\$2,201	\$1,834	\$2,091	\$1,743	\$2,413	\$2,011	\$2,292	\$1,910
53	\$2,301	\$1,917	\$2,186	\$1,821	\$2,522	\$2,101	\$2,395	\$1,996
54	\$2,408	\$2,006	\$2,287	\$1,906	\$2,639	\$2,199	\$2,507	\$2,089
55	\$2,515	\$2,096	\$2,389	\$1,991	\$2,756	\$2,297	\$2,619	\$2,182
56	\$2,631	\$2,193	\$2,500	\$2,083	\$2,884	\$2,403	\$2,740	\$2,283
57	\$2,748	\$2,290	\$2,611	\$2,176	\$3,012	\$2,510	\$2,862	\$2,385
58	\$2,874	\$2,395	\$2,730	\$2,275	\$3,149	\$2,625	\$2,992	\$2,493
59	\$2,936	\$2,446	\$2,789	\$2,324	\$3,217	\$2,681	\$3,057	\$2,547
60	\$3,061	\$2,551	\$2,908	\$2,423	\$3,355	\$2,796	\$3,187	\$2,656
61	\$3,169	\$2,641	\$3,011	\$2,509	\$3,473	\$2,894	\$3,300	\$2,750
62	\$3,240	\$2,700	\$3,078	\$2,565	\$3,551	\$2,959	\$3,374	\$2,811
63	\$3,329	\$2,774	\$3,163	\$2,636	\$3,649	\$3,041	\$3,466	\$2,889
64	\$3,383	\$2,819	\$3,214	\$2,678	\$3,708	\$3,090	\$3,523	\$2,936
65+	\$3,383	\$2,819	\$3,214	\$2,678	\$3,708	\$3,090	\$3,523	\$2,936

Description of Discounts:

- A** 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.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2016 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$1,000 Deductible**

Area 1: King County

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$656	\$547	\$623	\$519	\$656	\$547	\$623	\$519
21	\$1,033	\$861	\$982	\$818	\$1,132	\$944	\$1,076	\$897
22	\$1,033	\$861	\$982	\$818	\$1,132	\$944	\$1,076	\$897
23	\$1,033	\$861	\$982	\$818	\$1,132	\$944	\$1,076	\$897
24	\$1,033	\$861	\$982	\$818	\$1,132	\$944	\$1,076	\$897
25	\$1,037	\$865	\$986	\$821	\$1,137	\$948	\$1,080	\$900
26	\$1,058	\$882	\$1,005	\$838	\$1,160	\$966	\$1,102	\$918
27	\$1,083	\$902	\$1,029	\$857	\$1,187	\$989	\$1,128	\$940
28	\$1,123	\$936	\$1,067	\$889	\$1,231	\$1,026	\$1,169	\$975
29	\$1,156	\$964	\$1,098	\$915	\$1,267	\$1,056	\$1,204	\$1,003
30	\$1,173	\$977	\$1,114	\$928	\$1,285	\$1,071	\$1,221	\$1,018
31	\$1,198	\$998	\$1,138	\$948	\$1,313	\$1,094	\$1,247	\$1,039
32	\$1,222	\$1,019	\$1,161	\$968	\$1,340	\$1,116	\$1,273	\$1,061
33	\$1,238	\$1,032	\$1,176	\$980	\$1,357	\$1,131	\$1,289	\$1,074
34	\$1,254	\$1,045	\$1,192	\$993	\$1,375	\$1,146	\$1,306	\$1,088
35	\$1,263	\$1,052	\$1,200	\$1,000	\$1,384	\$1,153	\$1,315	\$1,096
36	\$1,271	\$1,059	\$1,207	\$1,006	\$1,393	\$1,161	\$1,323	\$1,103
37	\$1,279	\$1,066	\$1,215	\$1,013	\$1,402	\$1,168	\$1,332	\$1,110
38	\$1,287	\$1,073	\$1,223	\$1,019	\$1,411	\$1,176	\$1,341	\$1,117
39	\$1,304	\$1,087	\$1,239	\$1,032	\$1,429	\$1,191	\$1,358	\$1,131
40	\$1,321	\$1,100	\$1,255	\$1,045	\$1,447	\$1,206	\$1,375	\$1,146
41	\$1,345	\$1,121	\$1,278	\$1,065	\$1,474	\$1,229	\$1,401	\$1,167
42	\$1,369	\$1,141	\$1,301	\$1,084	\$1,501	\$1,250	\$1,426	\$1,188
43	\$1,402	\$1,168	\$1,332	\$1,110	\$1,537	\$1,281	\$1,460	\$1,217
44	\$1,443	\$1,203	\$1,371	\$1,143	\$1,582	\$1,318	\$1,503	\$1,252
45	\$1,492	\$1,243	\$1,417	\$1,181	\$1,635	\$1,363	\$1,554	\$1,295
46	\$1,550	\$1,292	\$1,472	\$1,227	\$1,699	\$1,416	\$1,614	\$1,345
47	\$1,615	\$1,346	\$1,534	\$1,279	\$1,770	\$1,475	\$1,682	\$1,401
48	\$1,689	\$1,408	\$1,605	\$1,337	\$1,852	\$1,543	\$1,759	\$1,466
49	\$1,763	\$1,469	\$1,675	\$1,396	\$1,932	\$1,610	\$1,835	\$1,530
50	\$1,845	\$1,538	\$1,753	\$1,461	\$2,023	\$1,686	\$1,921	\$1,601
51	\$1,927	\$1,606	\$1,831	\$1,526	\$2,112	\$1,760	\$2,006	\$1,672
52	\$2,017	\$1,681	\$1,916	\$1,597	\$2,211	\$1,842	\$2,100	\$1,750
53	\$2,108	\$1,757	\$2,002	\$1,669	\$2,310	\$1,925	\$2,195	\$1,829
54	\$2,206	\$1,838	\$2,096	\$1,746	\$2,418	\$2,015	\$2,297	\$1,914
55	\$2,304	\$1,920	\$2,189	\$1,824	\$2,525	\$2,105	\$2,399	\$1,999
56	\$2,411	\$2,009	\$2,290	\$1,908	\$2,642	\$2,202	\$2,510	\$2,092
57	\$2,518	\$2,098	\$2,392	\$1,993	\$2,760	\$2,300	\$2,622	\$2,185
58	\$2,633	\$2,194	\$2,501	\$2,084	\$2,886	\$2,405	\$2,741	\$2,284
59	\$2,690	\$2,241	\$2,555	\$2,129	\$2,948	\$2,457	\$2,800	\$2,334
60	\$2,804	\$2,337	\$2,664	\$2,220	\$3,074	\$2,561	\$2,920	\$2,433
61	\$2,904	\$2,420	\$2,758	\$2,299	\$3,182	\$2,652	\$3,023	\$2,519
62	\$2,969	\$2,474	\$2,820	\$2,350	\$3,254	\$2,711	\$3,091	\$2,576
63	\$3,050	\$2,542	\$2,898	\$2,415	\$3,343	\$2,786	\$3,176	\$2,647
64	\$3,100	\$2,583	\$2,945	\$2,454	\$3,397	\$2,831	\$3,228	\$2,690
65+	\$3,100	\$2,583	\$2,945	\$2,454	\$3,397	\$2,831	\$3,228	\$2,690

Description of Discounts:

- A** 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.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2016 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$1,500 Deductible**

Area 1: King County

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$585	\$488	\$556	\$463	\$585	\$488	\$556	\$463
21	\$921	\$768	\$875	\$729	\$1,010	\$841	\$959	\$799
22	\$921	\$768	\$875	\$729	\$1,010	\$841	\$959	\$799
23	\$921	\$768	\$875	\$729	\$1,010	\$841	\$959	\$799
24	\$921	\$768	\$875	\$729	\$1,010	\$841	\$959	\$799
25	\$925	\$771	\$879	\$732	\$1,014	\$845	\$963	\$803
26	\$943	\$786	\$896	\$747	\$1,034	\$862	\$982	\$819
27	\$966	\$805	\$917	\$764	\$1,058	\$882	\$1,005	\$838
28	\$1,001	\$835	\$951	\$793	\$1,098	\$915	\$1,043	\$869
29	\$1,031	\$859	\$979	\$816	\$1,130	\$942	\$1,073	\$895
30	\$1,046	\$871	\$993	\$828	\$1,146	\$955	\$1,089	\$907
31	\$1,068	\$890	\$1,014	\$845	\$1,170	\$975	\$1,112	\$927
32	\$1,090	\$908	\$1,035	\$863	\$1,195	\$995	\$1,135	\$946
33	\$1,104	\$920	\$1,049	\$874	\$1,210	\$1,008	\$1,149	\$958
34	\$1,118	\$932	\$1,063	\$885	\$1,226	\$1,022	\$1,165	\$970
35	\$1,126	\$938	\$1,070	\$891	\$1,234	\$1,028	\$1,172	\$977
36	\$1,133	\$944	\$1,077	\$897	\$1,242	\$1,035	\$1,180	\$983
37	\$1,141	\$950	\$1,084	\$903	\$1,250	\$1,042	\$1,188	\$990
38	\$1,148	\$957	\$1,091	\$909	\$1,258	\$1,048	\$1,195	\$996
39	\$1,163	\$969	\$1,105	\$920	\$1,274	\$1,062	\$1,211	\$1,009
40	\$1,177	\$981	\$1,119	\$932	\$1,290	\$1,075	\$1,226	\$1,022
41	\$1,200	\$1,000	\$1,140	\$950	\$1,315	\$1,096	\$1,249	\$1,041
42	\$1,221	\$1,017	\$1,160	\$966	\$1,338	\$1,115	\$1,271	\$1,059
43	\$1,250	\$1,042	\$1,188	\$990	\$1,370	\$1,142	\$1,302	\$1,085
44	\$1,287	\$1,073	\$1,223	\$1,019	\$1,411	\$1,176	\$1,340	\$1,117
45	\$1,330	\$1,109	\$1,264	\$1,053	\$1,458	\$1,215	\$1,385	\$1,154
46	\$1,382	\$1,152	\$1,313	\$1,094	\$1,515	\$1,262	\$1,439	\$1,199
47	\$1,440	\$1,200	\$1,368	\$1,140	\$1,578	\$1,315	\$1,499	\$1,249
48	\$1,506	\$1,255	\$1,431	\$1,193	\$1,651	\$1,376	\$1,568	\$1,307
49	\$1,572	\$1,310	\$1,493	\$1,244	\$1,723	\$1,436	\$1,637	\$1,364
50	\$1,645	\$1,371	\$1,563	\$1,303	\$1,803	\$1,503	\$1,713	\$1,428
51	\$1,718	\$1,432	\$1,632	\$1,360	\$1,883	\$1,569	\$1,789	\$1,491
52	\$1,798	\$1,499	\$1,708	\$1,424	\$1,971	\$1,643	\$1,873	\$1,560
53	\$1,879	\$1,566	\$1,786	\$1,488	\$2,060	\$1,717	\$1,957	\$1,631
54	\$1,967	\$1,639	\$1,869	\$1,557	\$2,156	\$1,797	\$2,048	\$1,707
55	\$2,055	\$1,712	\$1,952	\$1,627	\$2,252	\$1,877	\$2,139	\$1,783
56	\$2,149	\$1,791	\$2,042	\$1,702	\$2,356	\$1,963	\$2,238	\$1,865
57	\$2,245	\$1,871	\$2,133	\$1,777	\$2,461	\$2,051	\$2,338	\$1,948
58	\$2,348	\$1,956	\$2,230	\$1,858	\$2,573	\$2,144	\$2,444	\$2,037
59	\$2,398	\$1,998	\$2,278	\$1,899	\$2,628	\$2,190	\$2,497	\$2,081
60	\$2,500	\$2,084	\$2,375	\$1,980	\$2,741	\$2,284	\$2,604	\$2,170
61	\$2,589	\$2,157	\$2,459	\$2,050	\$2,837	\$2,365	\$2,696	\$2,246
62	\$2,647	\$2,206	\$2,515	\$2,096	\$2,901	\$2,418	\$2,756	\$2,297
63	\$2,720	\$2,266	\$2,584	\$2,153	\$2,981	\$2,484	\$2,832	\$2,360
64	\$2,764	\$2,303	\$2,626	\$2,188	\$3,029	\$2,524	\$2,878	\$2,398
65+	\$2,764	\$2,303	\$2,626	\$2,188	\$3,029	\$2,524	\$2,878	\$2,398

Description of Discounts:

- A** 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.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2016 Monthly Premium Rates**

PREFERRED PROVIDER PLANS (PPO Plans)

Area 2: Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston, Wahkiakum,

Age	Non-Smoker Rates					Smoker Rates				
	Deductible					Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000 HSA	\$500	\$1,000	\$2,500	\$5,000	\$3,000 HSA
0-20	\$545	\$499	\$269	\$218	\$245	\$545	\$499	\$269	\$218	\$245
21	\$858	\$786	\$423	\$343	\$385	\$940	\$861	\$464	\$375	\$422
22	\$858	\$786	\$423	\$343	\$385	\$940	\$861	\$464	\$375	\$422
23	\$858	\$786	\$423	\$343	\$385	\$940	\$861	\$464	\$375	\$422
24	\$858	\$786	\$423	\$343	\$385	\$940	\$861	\$464	\$375	\$422
25	\$861	\$789	\$425	\$344	\$387	\$944	\$865	\$465	\$377	\$424
26	\$878	\$805	\$433	\$351	\$394	\$963	\$882	\$475	\$384	\$432
27	\$899	\$823	\$443	\$359	\$404	\$985	\$903	\$486	\$393	\$442
28	\$932	\$854	\$460	\$372	\$419	\$1,022	\$936	\$504	\$408	\$459
29	\$960	\$879	\$473	\$383	\$431	\$1,052	\$964	\$519	\$420	\$472
30	\$973	\$892	\$480	\$389	\$437	\$1,067	\$977	\$526	\$426	\$479
31	\$994	\$911	\$490	\$397	\$446	\$1,089	\$998	\$537	\$435	\$489
32	\$1,015	\$930	\$500	\$405	\$456	\$1,112	\$1,019	\$548	\$444	\$499
33	\$1,027	\$941	\$507	\$410	\$461	\$1,126	\$1,032	\$555	\$450	\$506
34	\$1,041	\$954	\$513	\$416	\$468	\$1,141	\$1,046	\$563	\$456	\$513
35	\$1,048	\$960	\$517	\$419	\$471	\$1,149	\$1,052	\$567	\$459	\$516
36	\$1,055	\$967	\$520	\$421	\$474	\$1,156	\$1,059	\$570	\$462	\$519
37	\$1,062	\$973	\$524	\$424	\$477	\$1,164	\$1,066	\$574	\$465	\$523
38	\$1,069	\$979	\$527	\$427	\$480	\$1,171	\$1,073	\$578	\$468	\$526
39	\$1,082	\$992	\$534	\$432	\$486	\$1,186	\$1,087	\$585	\$474	\$533
40	\$1,096	\$1,004	\$541	\$438	\$492	\$1,201	\$1,101	\$593	\$480	\$540
41	\$1,117	\$1,023	\$551	\$446	\$501	\$1,224	\$1,121	\$604	\$489	\$550
42	\$1,136	\$1,041	\$560	\$454	\$510	\$1,245	\$1,141	\$614	\$497	\$559
43	\$1,164	\$1,066	\$574	\$465	\$523	\$1,276	\$1,169	\$629	\$509	\$573
44	\$1,198	\$1,098	\$591	\$479	\$538	\$1,313	\$1,203	\$648	\$524	\$590
45	\$1,238	\$1,135	\$611	\$495	\$556	\$1,357	\$1,244	\$669	\$542	\$610
46	\$1,286	\$1,179	\$634	\$514	\$578	\$1,410	\$1,292	\$695	\$563	\$633
47	\$1,340	\$1,228	\$661	\$535	\$602	\$1,469	\$1,346	\$725	\$587	\$660
48	\$1,402	\$1,285	\$691	\$560	\$630	\$1,537	\$1,408	\$758	\$614	\$690
49	\$1,463	\$1,341	\$722	\$584	\$657	\$1,604	\$1,469	\$791	\$640	\$720
50	\$1,532	\$1,403	\$755	\$612	\$688	\$1,679	\$1,538	\$828	\$670	\$754
51	\$1,599	\$1,465	\$789	\$639	\$718	\$1,753	\$1,606	\$865	\$700	\$787
52	\$1,674	\$1,534	\$826	\$669	\$752	\$1,835	\$1,681	\$905	\$733	\$824
53	\$1,750	\$1,603	\$863	\$699	\$786	\$1,918	\$1,757	\$946	\$766	\$861
54	\$1,831	\$1,678	\$903	\$731	\$822	\$2,007	\$1,839	\$990	\$801	\$901
55	\$1,913	\$1,752	\$943	\$764	\$859	\$2,096	\$1,921	\$1,034	\$837	\$941
56	\$2,001	\$1,833	\$987	\$799	\$899	\$2,193	\$2,009	\$1,082	\$876	\$985
57	\$2,090	\$1,915	\$1,031	\$835	\$939	\$2,291	\$2,099	\$1,130	\$915	\$1,029
58	\$2,185	\$2,002	\$1,078	\$873	\$981	\$2,395	\$2,194	\$1,181	\$956	\$1,076
59	\$2,232	\$2,045	\$1,101	\$892	\$1,003	\$2,447	\$2,242	\$1,207	\$977	\$1,099
60	\$2,328	\$2,133	\$1,148	\$930	\$1,045	\$2,551	\$2,337	\$1,258	\$1,019	\$1,146
61	\$2,410	\$2,208	\$1,188	\$963	\$1,082	\$2,641	\$2,420	\$1,303	\$1,055	\$1,186
62	\$2,464	\$2,258	\$1,215	\$984	\$1,107	\$2,701	\$2,474	\$1,332	\$1,078	\$1,213
63	\$2,532	\$2,320	\$1,249	\$1,011	\$1,137	\$2,775	\$2,542	\$1,369	\$1,108	\$1,246
64	\$2,573	\$2,357	\$1,269	\$1,028	\$1,155	\$2,820	\$2,584	\$1,391	\$1,126	\$1,267
65+	\$2,573	\$2,357	\$1,269	\$1,028	\$1,155	\$2,820	\$2,584	\$1,391	\$1,126	\$1,267

**Washington State Health Insurance Pool (WSHIP)
2016 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$500 Deductible**

**Area 2: Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Kitsap, Lewis,
Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston,
Wahkiakum, Whatcom Counties**

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$743	\$619	\$705	\$588	\$743	\$619	\$705	\$588
21	\$1,169	\$975	\$1,111	\$926	\$1,282	\$1,068	\$1,218	\$1,015
22	\$1,169	\$975	\$1,111	\$926	\$1,282	\$1,068	\$1,218	\$1,015
23	\$1,169	\$975	\$1,111	\$926	\$1,282	\$1,068	\$1,218	\$1,015
24	\$1,169	\$975	\$1,111	\$926	\$1,282	\$1,068	\$1,218	\$1,015
25	\$1,174	\$978	\$1,115	\$930	\$1,287	\$1,072	\$1,223	\$1,019
26	\$1,198	\$998	\$1,138	\$948	\$1,313	\$1,094	\$1,247	\$1,039
27	\$1,226	\$1,021	\$1,164	\$970	\$1,343	\$1,119	\$1,276	\$1,063
28	\$1,271	\$1,059	\$1,208	\$1,006	\$1,393	\$1,161	\$1,324	\$1,103
29	\$1,309	\$1,091	\$1,243	\$1,036	\$1,434	\$1,195	\$1,363	\$1,135
30	\$1,327	\$1,106	\$1,261	\$1,051	\$1,455	\$1,212	\$1,382	\$1,152
31	\$1,355	\$1,130	\$1,288	\$1,073	\$1,486	\$1,238	\$1,411	\$1,176
32	\$1,384	\$1,153	\$1,314	\$1,095	\$1,516	\$1,264	\$1,441	\$1,200
33	\$1,401	\$1,168	\$1,331	\$1,109	\$1,536	\$1,280	\$1,459	\$1,216
34	\$1,420	\$1,183	\$1,349	\$1,124	\$1,556	\$1,297	\$1,478	\$1,232
35	\$1,429	\$1,191	\$1,358	\$1,131	\$1,566	\$1,305	\$1,488	\$1,240
36	\$1,438	\$1,199	\$1,367	\$1,139	\$1,577	\$1,314	\$1,498	\$1,248
37	\$1,448	\$1,207	\$1,375	\$1,146	\$1,587	\$1,322	\$1,507	\$1,256
38	\$1,457	\$1,214	\$1,384	\$1,154	\$1,597	\$1,331	\$1,517	\$1,264
39	\$1,476	\$1,230	\$1,402	\$1,168	\$1,618	\$1,348	\$1,537	\$1,281
40	\$1,495	\$1,246	\$1,420	\$1,183	\$1,638	\$1,365	\$1,556	\$1,297
41	\$1,523	\$1,269	\$1,447	\$1,205	\$1,669	\$1,391	\$1,585	\$1,321
42	\$1,550	\$1,291	\$1,472	\$1,227	\$1,698	\$1,415	\$1,613	\$1,345
43	\$1,587	\$1,323	\$1,508	\$1,256	\$1,739	\$1,449	\$1,652	\$1,377
44	\$1,634	\$1,361	\$1,552	\$1,293	\$1,791	\$1,492	\$1,701	\$1,418
45	\$1,689	\$1,407	\$1,604	\$1,337	\$1,851	\$1,542	\$1,758	\$1,465
46	\$1,754	\$1,462	\$1,667	\$1,389	\$1,923	\$1,602	\$1,827	\$1,522
47	\$1,828	\$1,523	\$1,737	\$1,447	\$2,003	\$1,670	\$1,903	\$1,586
48	\$1,912	\$1,593	\$1,817	\$1,514	\$2,096	\$1,746	\$1,991	\$1,659
49	\$1,995	\$1,663	\$1,895	\$1,579	\$2,187	\$1,822	\$2,077	\$1,731
50	\$2,089	\$1,741	\$1,984	\$1,654	\$2,289	\$1,908	\$2,175	\$1,812
51	\$2,181	\$1,818	\$2,072	\$1,727	\$2,391	\$1,992	\$2,271	\$1,892
52	\$2,283	\$1,902	\$2,169	\$1,807	\$2,502	\$2,085	\$2,377	\$1,981
53	\$2,386	\$1,988	\$2,266	\$1,889	\$2,615	\$2,179	\$2,484	\$2,070
54	\$2,497	\$2,081	\$2,372	\$1,977	\$2,737	\$2,280	\$2,600	\$2,166
55	\$2,608	\$2,173	\$2,478	\$2,065	\$2,858	\$2,382	\$2,715	\$2,263
56	\$2,728	\$2,274	\$2,592	\$2,160	\$2,990	\$2,492	\$2,841	\$2,367
57	\$2,850	\$2,375	\$2,708	\$2,256	\$3,124	\$2,603	\$2,968	\$2,473
58	\$2,980	\$2,483	\$2,831	\$2,359	\$3,266	\$2,722	\$3,103	\$2,586
59	\$3,044	\$2,537	\$2,892	\$2,410	\$3,336	\$2,780	\$3,170	\$2,641
60	\$3,174	\$2,645	\$3,015	\$2,513	\$3,479	\$2,899	\$3,305	\$2,754
61	\$3,286	\$2,739	\$3,122	\$2,602	\$3,602	\$3,001	\$3,422	\$2,851
62	\$3,360	\$2,800	\$3,192	\$2,660	\$3,683	\$3,069	\$3,498	\$2,915
63	\$3,452	\$2,877	\$3,280	\$2,733	\$3,784	\$3,153	\$3,595	\$2,996
64	\$3,508	\$2,924	\$3,333	\$2,778	\$3,845	\$3,204	\$3,653	\$3,044
65+	\$3,508	\$2,924	\$3,333	\$2,778	\$3,845	\$3,204	\$3,653	\$3,044

Description of Discounts:

- A** 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.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2016 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$1,000 Deductible**

**Area 2: Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Kitsap, Lewis,
Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston,
Wahkiakum, Whatcom Counties**

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$680	\$567	\$646	\$539	\$680	\$567	\$646	\$539
21	\$1,072	\$893	\$1,018	\$848	\$1,174	\$979	\$1,116	\$930
22	\$1,072	\$893	\$1,018	\$848	\$1,174	\$979	\$1,116	\$930
23	\$1,072	\$893	\$1,018	\$848	\$1,174	\$979	\$1,116	\$930
24	\$1,072	\$893	\$1,018	\$848	\$1,174	\$979	\$1,116	\$930
25	\$1,076	\$896	\$1,022	\$852	\$1,179	\$983	\$1,120	\$933
26	\$1,097	\$914	\$1,042	\$869	\$1,203	\$1,002	\$1,142	\$952
27	\$1,123	\$936	\$1,067	\$889	\$1,231	\$1,026	\$1,169	\$974
28	\$1,165	\$971	\$1,106	\$922	\$1,277	\$1,064	\$1,213	\$1,011
29	\$1,199	\$999	\$1,139	\$949	\$1,314	\$1,095	\$1,248	\$1,040
30	\$1,216	\$1,013	\$1,155	\$963	\$1,333	\$1,111	\$1,266	\$1,055
31	\$1,242	\$1,035	\$1,180	\$983	\$1,361	\$1,134	\$1,293	\$1,078
32	\$1,268	\$1,056	\$1,204	\$1,004	\$1,389	\$1,158	\$1,320	\$1,100
33	\$1,284	\$1,070	\$1,219	\$1,016	\$1,407	\$1,172	\$1,337	\$1,114
34	\$1,301	\$1,084	\$1,236	\$1,030	\$1,426	\$1,188	\$1,354	\$1,129
35	\$1,309	\$1,091	\$1,244	\$1,037	\$1,435	\$1,196	\$1,363	\$1,136
36	\$1,318	\$1,098	\$1,252	\$1,043	\$1,444	\$1,204	\$1,372	\$1,144
37	\$1,327	\$1,105	\$1,260	\$1,050	\$1,454	\$1,212	\$1,381	\$1,151
38	\$1,335	\$1,113	\$1,268	\$1,057	\$1,463	\$1,219	\$1,390	\$1,158
39	\$1,352	\$1,127	\$1,285	\$1,071	\$1,482	\$1,235	\$1,408	\$1,173
40	\$1,369	\$1,141	\$1,301	\$1,084	\$1,501	\$1,251	\$1,426	\$1,188
41	\$1,395	\$1,163	\$1,325	\$1,104	\$1,529	\$1,274	\$1,453	\$1,211
42	\$1,420	\$1,183	\$1,349	\$1,124	\$1,556	\$1,297	\$1,478	\$1,232
43	\$1,454	\$1,212	\$1,381	\$1,151	\$1,594	\$1,328	\$1,514	\$1,262
44	\$1,497	\$1,247	\$1,422	\$1,185	\$1,641	\$1,367	\$1,559	\$1,299
45	\$1,547	\$1,289	\$1,470	\$1,225	\$1,696	\$1,413	\$1,611	\$1,343
46	\$1,607	\$1,339	\$1,527	\$1,272	\$1,762	\$1,468	\$1,674	\$1,395
47	\$1,675	\$1,396	\$1,591	\$1,326	\$1,836	\$1,530	\$1,744	\$1,453
48	\$1,752	\$1,460	\$1,664	\$1,387	\$1,920	\$1,600	\$1,824	\$1,520
49	\$1,828	\$1,523	\$1,737	\$1,447	\$2,004	\$1,670	\$1,903	\$1,586
50	\$1,914	\$1,595	\$1,818	\$1,515	\$2,097	\$1,748	\$1,993	\$1,660
51	\$1,998	\$1,665	\$1,898	\$1,582	\$2,190	\$1,825	\$2,081	\$1,734
52	\$2,092	\$1,743	\$1,987	\$1,656	\$2,292	\$1,910	\$2,178	\$1,815
53	\$2,186	\$1,822	\$2,077	\$1,730	\$2,396	\$1,996	\$2,276	\$1,897
54	\$2,288	\$1,906	\$2,173	\$1,811	\$2,507	\$2,089	\$2,382	\$1,985
55	\$2,389	\$1,991	\$2,270	\$1,892	\$2,619	\$2,182	\$2,488	\$2,073
56	\$2,500	\$2,083	\$2,375	\$1,979	\$2,740	\$2,283	\$2,603	\$2,169
57	\$2,611	\$2,176	\$2,481	\$2,067	\$2,862	\$2,385	\$2,719	\$2,266
58	\$2,730	\$2,275	\$2,594	\$2,161	\$2,992	\$2,494	\$2,843	\$2,369
59	\$2,789	\$2,324	\$2,650	\$2,208	\$3,057	\$2,547	\$2,904	\$2,420
60	\$2,908	\$2,423	\$2,763	\$2,302	\$3,187	\$2,656	\$3,028	\$2,523
61	\$3,011	\$2,509	\$2,860	\$2,384	\$3,300	\$2,750	\$3,135	\$2,613
62	\$3,078	\$2,565	\$2,925	\$2,437	\$3,374	\$2,812	\$3,205	\$2,671
63	\$3,163	\$2,636	\$3,005	\$2,504	\$3,467	\$2,889	\$3,293	\$2,745
64	\$3,215	\$2,679	\$3,054	\$2,545	\$3,523	\$2,936	\$3,347	\$2,789
65+	\$3,215	\$2,679	\$3,054	\$2,545	\$3,523	\$2,936	\$3,347	\$2,789

Description of Discounts:

- A** 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.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2016 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$1,500 Deductible**

**Area 2: Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Kitsap, Lewis,
Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston,
Wahkiakum, Whatcom Counties**

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$607	\$506	\$576	\$480	\$607	\$506	\$576	\$480
21	\$955	\$796	\$908	\$756	\$1,047	\$873	\$995	\$829
22	\$955	\$796	\$908	\$756	\$1,047	\$873	\$995	\$829
23	\$955	\$796	\$908	\$756	\$1,047	\$873	\$995	\$829
24	\$955	\$796	\$908	\$756	\$1,047	\$873	\$995	\$829
25	\$959	\$799	\$911	\$759	\$1,051	\$876	\$999	\$832
26	\$978	\$815	\$929	\$775	\$1,072	\$894	\$1,019	\$849
27	\$1,001	\$834	\$951	\$793	\$1,097	\$915	\$1,043	\$869
28	\$1,039	\$865	\$987	\$822	\$1,138	\$949	\$1,081	\$901
29	\$1,069	\$891	\$1,016	\$846	\$1,172	\$976	\$1,113	\$928
30	\$1,084	\$904	\$1,030	\$858	\$1,189	\$990	\$1,129	\$941
31	\$1,107	\$923	\$1,052	\$877	\$1,214	\$1,011	\$1,153	\$961
32	\$1,130	\$942	\$1,074	\$895	\$1,239	\$1,032	\$1,177	\$981
33	\$1,145	\$954	\$1,087	\$906	\$1,254	\$1,045	\$1,192	\$993
34	\$1,160	\$967	\$1,102	\$918	\$1,271	\$1,059	\$1,208	\$1,006
35	\$1,168	\$973	\$1,109	\$924	\$1,280	\$1,066	\$1,216	\$1,013
36	\$1,175	\$979	\$1,116	\$930	\$1,288	\$1,073	\$1,224	\$1,020
37	\$1,183	\$986	\$1,124	\$936	\$1,296	\$1,080	\$1,232	\$1,026
38	\$1,190	\$992	\$1,131	\$942	\$1,305	\$1,087	\$1,239	\$1,033
39	\$1,206	\$1,005	\$1,145	\$955	\$1,321	\$1,101	\$1,255	\$1,046
40	\$1,221	\$1,018	\$1,160	\$967	\$1,338	\$1,115	\$1,271	\$1,059
41	\$1,244	\$1,037	\$1,182	\$985	\$1,363	\$1,136	\$1,295	\$1,079
42	\$1,266	\$1,055	\$1,203	\$1,002	\$1,387	\$1,156	\$1,318	\$1,098
43	\$1,296	\$1,080	\$1,232	\$1,026	\$1,421	\$1,184	\$1,350	\$1,125
44	\$1,335	\$1,112	\$1,268	\$1,057	\$1,463	\$1,219	\$1,390	\$1,158
45	\$1,380	\$1,150	\$1,311	\$1,092	\$1,512	\$1,260	\$1,436	\$1,197
46	\$1,433	\$1,194	\$1,361	\$1,135	\$1,571	\$1,309	\$1,492	\$1,243
47	\$1,493	\$1,244	\$1,419	\$1,182	\$1,637	\$1,364	\$1,555	\$1,296
48	\$1,562	\$1,302	\$1,484	\$1,237	\$1,712	\$1,427	\$1,626	\$1,355
49	\$1,630	\$1,358	\$1,548	\$1,290	\$1,786	\$1,489	\$1,697	\$1,414
50	\$1,706	\$1,422	\$1,621	\$1,351	\$1,870	\$1,558	\$1,777	\$1,481
51	\$1,782	\$1,485	\$1,693	\$1,411	\$1,953	\$1,627	\$1,855	\$1,546
52	\$1,865	\$1,554	\$1,772	\$1,476	\$2,044	\$1,703	\$1,942	\$1,618
53	\$1,949	\$1,624	\$1,852	\$1,543	\$2,136	\$1,780	\$2,029	\$1,691
54	\$2,040	\$1,700	\$1,938	\$1,615	\$2,236	\$1,863	\$2,124	\$1,770
55	\$2,131	\$1,775	\$2,024	\$1,687	\$2,335	\$1,946	\$2,218	\$1,849
56	\$2,229	\$1,857	\$2,118	\$1,765	\$2,443	\$2,036	\$2,321	\$1,934
57	\$2,328	\$1,940	\$2,212	\$1,843	\$2,552	\$2,127	\$2,424	\$2,020
58	\$2,434	\$2,029	\$2,313	\$1,927	\$2,668	\$2,223	\$2,535	\$2,112
59	\$2,487	\$2,072	\$2,363	\$1,969	\$2,726	\$2,271	\$2,589	\$2,158
60	\$2,593	\$2,161	\$2,463	\$2,053	\$2,842	\$2,368	\$2,700	\$2,250
61	\$2,685	\$2,237	\$2,550	\$2,125	\$2,942	\$2,452	\$2,795	\$2,329
62	\$2,745	\$2,287	\$2,608	\$2,173	\$3,008	\$2,507	\$2,858	\$2,382
63	\$2,820	\$2,350	\$2,679	\$2,233	\$3,091	\$2,576	\$2,937	\$2,447
64	\$2,866	\$2,389	\$2,723	\$2,269	\$3,141	\$2,618	\$2,984	\$2,487
65+	\$2,866	\$2,389	\$2,723	\$2,269	\$3,141	\$2,618	\$2,984	\$2,487

Description of Discounts:

- A** 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.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2016 Monthly Premium Rates**

PREFERRED PROVIDER PLANS (PPO Plans)

Area 3: Clark, Klickitat, Skamania Counties

Age	Non-Smoker Rates					Smoker Rates				
	Deductible					Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000 HSA	\$500	\$1,000	\$2,500	\$5,000	\$3,000 HSA
0-20	\$559	\$512	\$276	\$224	\$251	\$559	\$512	\$276	\$224	\$251
21	\$880	\$806	\$435	\$354	\$396	\$956	\$876	\$472	\$384	\$430
22	\$880	\$806	\$435	\$354	\$396	\$956	\$876	\$472	\$384	\$430
23	\$880	\$806	\$435	\$354	\$396	\$956	\$876	\$472	\$384	\$430
24	\$880	\$806	\$435	\$354	\$396	\$956	\$876	\$472	\$384	\$430
25	\$883	\$809	\$437	\$355	\$398	\$960	\$879	\$474	\$385	\$432
26	\$901	\$825	\$445	\$362	\$406	\$979	\$897	\$484	\$393	\$441
27	\$922	\$845	\$456	\$371	\$415	\$1,002	\$918	\$495	\$402	\$451
28	\$956	\$876	\$473	\$384	\$431	\$1,039	\$952	\$513	\$417	\$468
29	\$984	\$902	\$487	\$396	\$443	\$1,070	\$980	\$529	\$430	\$481
30	\$999	\$915	\$494	\$401	\$450	\$1,085	\$994	\$536	\$436	\$488
31	\$1,020	\$934	\$504	\$410	\$459	\$1,108	\$1,015	\$547	\$445	\$499
32	\$1,041	\$954	\$514	\$418	\$469	\$1,131	\$1,036	\$559	\$454	\$509
33	\$1,054	\$966	\$521	\$424	\$474	\$1,145	\$1,049	\$566	\$460	\$515
34	\$1,068	\$979	\$528	\$429	\$481	\$1,160	\$1,063	\$573	\$466	\$522
35	\$1,075	\$985	\$531	\$432	\$484	\$1,168	\$1,070	\$577	\$469	\$526
36	\$1,082	\$991	\$535	\$435	\$487	\$1,176	\$1,077	\$581	\$472	\$529
37	\$1,089	\$998	\$538	\$438	\$490	\$1,183	\$1,084	\$585	\$475	\$533
38	\$1,096	\$1,004	\$542	\$441	\$493	\$1,191	\$1,091	\$588	\$478	\$536
39	\$1,110	\$1,017	\$549	\$446	\$500	\$1,206	\$1,105	\$596	\$484	\$543
40	\$1,124	\$1,030	\$556	\$452	\$506	\$1,222	\$1,119	\$604	\$491	\$550
41	\$1,146	\$1,050	\$566	\$460	\$516	\$1,244	\$1,140	\$615	\$500	\$560
42	\$1,166	\$1,068	\$576	\$468	\$525	\$1,266	\$1,160	\$626	\$509	\$570
43	\$1,194	\$1,094	\$590	\$480	\$537	\$1,297	\$1,188	\$641	\$521	\$584
44	\$1,229	\$1,126	\$607	\$494	\$553	\$1,335	\$1,223	\$660	\$536	\$601
45	\$1,270	\$1,164	\$628	\$511	\$572	\$1,380	\$1,265	\$682	\$554	\$621
46	\$1,320	\$1,209	\$652	\$530	\$594	\$1,434	\$1,314	\$708	\$576	\$645
47	\$1,375	\$1,260	\$680	\$553	\$619	\$1,494	\$1,369	\$738	\$600	\$672
48	\$1,438	\$1,318	\$711	\$578	\$648	\$1,563	\$1,432	\$772	\$628	\$703
49	\$1,501	\$1,375	\$742	\$603	\$676	\$1,631	\$1,494	\$806	\$655	\$734
50	\$1,571	\$1,440	\$777	\$631	\$707	\$1,707	\$1,564	\$844	\$686	\$768
51	\$1,641	\$1,503	\$811	\$659	\$739	\$1,783	\$1,633	\$881	\$716	\$802
52	\$1,717	\$1,573	\$849	\$690	\$773	\$1,866	\$1,709	\$922	\$749	\$840
53	\$1,795	\$1,644	\$887	\$721	\$808	\$1,950	\$1,787	\$964	\$783	\$878
54	\$1,878	\$1,721	\$928	\$755	\$846	\$2,041	\$1,870	\$1,008	\$820	\$918
55	\$1,962	\$1,798	\$970	\$788	\$883	\$2,131	\$1,953	\$1,053	\$856	\$959
56	\$2,053	\$1,881	\$1,014	\$825	\$924	\$2,230	\$2,043	\$1,102	\$896	\$1,004
57	\$2,144	\$1,964	\$1,060	\$862	\$965	\$2,329	\$2,134	\$1,151	\$936	\$1,048
58	\$2,242	\$2,054	\$1,108	\$901	\$1,009	\$2,435	\$2,231	\$1,203	\$978	\$1,096
59	\$2,290	\$2,098	\$1,132	\$920	\$1,031	\$2,488	\$2,280	\$1,229	\$999	\$1,120
60	\$2,388	\$2,188	\$1,180	\$959	\$1,075	\$2,594	\$2,377	\$1,282	\$1,042	\$1,168
61	\$2,472	\$2,265	\$1,222	\$993	\$1,113	\$2,686	\$2,461	\$1,327	\$1,079	\$1,209
62	\$2,528	\$2,316	\$1,249	\$1,016	\$1,138	\$2,746	\$2,516	\$1,357	\$1,103	\$1,236
63	\$2,597	\$2,380	\$1,284	\$1,044	\$1,169	\$2,822	\$2,585	\$1,394	\$1,133	\$1,270
64	\$2,639	\$2,418	\$1,304	\$1,061	\$1,188	\$2,867	\$2,627	\$1,417	\$1,152	\$1,291
65+	\$2,639	\$2,418	\$1,304	\$1,061	\$1,188	\$2,867	\$2,627	\$1,417	\$1,152	\$1,291

**Washington State Health Insurance Pool (WSHIP)
2016 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$500 Deductible**

Area 3: Clark, Klickitat, Skamania Counties

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$762	\$635	\$724	\$603	\$762	\$635	\$724	\$603
21	\$1,200	\$1,000	\$1,140	\$950	\$1,303	\$1,086	\$1,238	\$1,032
22	\$1,200	\$1,000	\$1,140	\$950	\$1,303	\$1,086	\$1,238	\$1,032
23	\$1,200	\$1,000	\$1,140	\$950	\$1,303	\$1,086	\$1,238	\$1,032
24	\$1,200	\$1,000	\$1,140	\$950	\$1,303	\$1,086	\$1,238	\$1,032
25	\$1,205	\$1,004	\$1,144	\$954	\$1,309	\$1,091	\$1,243	\$1,036
26	\$1,229	\$1,024	\$1,167	\$973	\$1,335	\$1,112	\$1,268	\$1,057
27	\$1,257	\$1,048	\$1,194	\$995	\$1,366	\$1,138	\$1,298	\$1,081
28	\$1,304	\$1,087	\$1,239	\$1,032	\$1,417	\$1,181	\$1,346	\$1,122
29	\$1,342	\$1,119	\$1,275	\$1,063	\$1,458	\$1,215	\$1,386	\$1,155
30	\$1,362	\$1,135	\$1,294	\$1,078	\$1,479	\$1,233	\$1,405	\$1,171
31	\$1,390	\$1,159	\$1,321	\$1,101	\$1,511	\$1,259	\$1,435	\$1,196
32	\$1,419	\$1,183	\$1,348	\$1,124	\$1,542	\$1,285	\$1,465	\$1,221
33	\$1,437	\$1,198	\$1,365	\$1,138	\$1,561	\$1,301	\$1,483	\$1,236
34	\$1,456	\$1,214	\$1,384	\$1,153	\$1,582	\$1,319	\$1,503	\$1,253
35	\$1,466	\$1,222	\$1,393	\$1,161	\$1,593	\$1,327	\$1,513	\$1,261
36	\$1,476	\$1,230	\$1,402	\$1,168	\$1,603	\$1,336	\$1,523	\$1,269
37	\$1,485	\$1,238	\$1,411	\$1,176	\$1,614	\$1,345	\$1,533	\$1,277
38	\$1,495	\$1,246	\$1,420	\$1,183	\$1,624	\$1,353	\$1,543	\$1,286
39	\$1,514	\$1,262	\$1,438	\$1,199	\$1,645	\$1,371	\$1,563	\$1,302
40	\$1,533	\$1,278	\$1,457	\$1,214	\$1,666	\$1,388	\$1,582	\$1,319
41	\$1,562	\$1,302	\$1,484	\$1,237	\$1,697	\$1,414	\$1,612	\$1,343
42	\$1,590	\$1,325	\$1,510	\$1,258	\$1,727	\$1,439	\$1,641	\$1,367
43	\$1,628	\$1,357	\$1,547	\$1,289	\$1,769	\$1,474	\$1,680	\$1,400
44	\$1,676	\$1,397	\$1,592	\$1,327	\$1,821	\$1,517	\$1,730	\$1,441
45	\$1,732	\$1,444	\$1,646	\$1,371	\$1,882	\$1,568	\$1,788	\$1,490
46	\$1,800	\$1,500	\$1,710	\$1,425	\$1,955	\$1,629	\$1,857	\$1,548
47	\$1,875	\$1,563	\$1,781	\$1,485	\$2,037	\$1,698	\$1,935	\$1,613
48	\$1,962	\$1,635	\$1,863	\$1,553	\$2,131	\$1,776	\$2,024	\$1,687
49	\$2,047	\$1,706	\$1,944	\$1,620	\$2,224	\$1,853	\$2,112	\$1,760
50	\$2,143	\$1,786	\$2,036	\$1,696	\$2,328	\$1,940	\$2,211	\$1,843
51	\$2,237	\$1,865	\$2,126	\$1,771	\$2,431	\$2,026	\$2,309	\$1,924
52	\$2,342	\$1,952	\$2,225	\$1,854	\$2,544	\$2,120	\$2,417	\$2,014
53	\$2,447	\$2,040	\$2,325	\$1,938	\$2,659	\$2,216	\$2,526	\$2,105
54	\$2,561	\$2,135	\$2,433	\$2,028	\$2,783	\$2,319	\$2,644	\$2,203
55	\$2,675	\$2,229	\$2,542	\$2,118	\$2,907	\$2,422	\$2,761	\$2,301
56	\$2,799	\$2,332	\$2,659	\$2,216	\$3,041	\$2,534	\$2,889	\$2,407
57	\$2,924	\$2,436	\$2,778	\$2,315	\$3,176	\$2,647	\$3,018	\$2,515
58	\$3,057	\$2,547	\$2,904	\$2,420	\$3,321	\$2,768	\$3,155	\$2,629
59	\$3,123	\$2,602	\$2,967	\$2,472	\$3,393	\$2,827	\$3,223	\$2,686
60	\$3,256	\$2,713	\$3,093	\$2,578	\$3,537	\$2,948	\$3,361	\$2,800
61	\$3,371	\$2,809	\$3,203	\$2,669	\$3,663	\$3,052	\$3,479	\$2,900
62	\$3,447	\$2,872	\$3,274	\$2,729	\$3,745	\$3,121	\$3,557	\$2,965
63	\$3,542	\$2,951	\$3,365	\$2,804	\$3,848	\$3,206	\$3,655	\$3,046
64	\$3,599	\$2,999	\$3,419	\$2,849	\$3,910	\$3,258	\$3,715	\$3,096
65+	\$3,599	\$2,999	\$3,419	\$2,849	\$3,910	\$3,258	\$3,715	\$3,096

Description of Discounts:

- A** 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.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2016 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$1,000 Deductible**

Area 3: Clark, Klickitat, Skamania Counties

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$698	\$582	\$663	\$553	\$698	\$582	\$663	\$553
21	\$1,099	\$916	\$1,044	\$870	\$1,194	\$995	\$1,134	\$945
22	\$1,099	\$916	\$1,044	\$870	\$1,194	\$995	\$1,134	\$945
23	\$1,099	\$916	\$1,044	\$870	\$1,194	\$995	\$1,134	\$945
24	\$1,099	\$916	\$1,044	\$870	\$1,194	\$995	\$1,134	\$945
25	\$1,104	\$920	\$1,048	\$874	\$1,199	\$999	\$1,139	\$949
26	\$1,126	\$938	\$1,069	\$891	\$1,223	\$1,019	\$1,162	\$968
27	\$1,152	\$960	\$1,094	\$912	\$1,252	\$1,043	\$1,189	\$991
28	\$1,195	\$996	\$1,135	\$946	\$1,298	\$1,082	\$1,233	\$1,028
29	\$1,230	\$1,025	\$1,169	\$974	\$1,336	\$1,114	\$1,269	\$1,058
30	\$1,248	\$1,040	\$1,185	\$988	\$1,355	\$1,130	\$1,288	\$1,073
31	\$1,274	\$1,062	\$1,210	\$1,009	\$1,384	\$1,153	\$1,315	\$1,096
32	\$1,300	\$1,084	\$1,235	\$1,029	\$1,413	\$1,177	\$1,342	\$1,118
33	\$1,317	\$1,097	\$1,251	\$1,043	\$1,431	\$1,192	\$1,359	\$1,133
34	\$1,334	\$1,112	\$1,268	\$1,056	\$1,450	\$1,208	\$1,377	\$1,148
35	\$1,343	\$1,119	\$1,276	\$1,063	\$1,459	\$1,216	\$1,386	\$1,155
36	\$1,352	\$1,127	\$1,284	\$1,070	\$1,469	\$1,224	\$1,395	\$1,163
37	\$1,361	\$1,134	\$1,293	\$1,077	\$1,478	\$1,232	\$1,404	\$1,170
38	\$1,370	\$1,141	\$1,301	\$1,084	\$1,488	\$1,240	\$1,414	\$1,178
39	\$1,387	\$1,156	\$1,318	\$1,098	\$1,507	\$1,256	\$1,432	\$1,193
40	\$1,405	\$1,171	\$1,335	\$1,112	\$1,526	\$1,272	\$1,450	\$1,208
41	\$1,431	\$1,193	\$1,360	\$1,133	\$1,555	\$1,296	\$1,477	\$1,231
42	\$1,456	\$1,214	\$1,384	\$1,153	\$1,582	\$1,319	\$1,503	\$1,253
43	\$1,492	\$1,243	\$1,417	\$1,181	\$1,621	\$1,350	\$1,539	\$1,283
44	\$1,536	\$1,280	\$1,459	\$1,216	\$1,668	\$1,390	\$1,585	\$1,321
45	\$1,587	\$1,323	\$1,508	\$1,257	\$1,724	\$1,437	\$1,638	\$1,365
46	\$1,649	\$1,374	\$1,566	\$1,305	\$1,791	\$1,493	\$1,702	\$1,418
47	\$1,718	\$1,432	\$1,632	\$1,360	\$1,867	\$1,555	\$1,773	\$1,478
48	\$1,797	\$1,498	\$1,707	\$1,423	\$1,953	\$1,627	\$1,855	\$1,546
49	\$1,875	\$1,563	\$1,781	\$1,485	\$2,037	\$1,698	\$1,935	\$1,613
50	\$1,963	\$1,636	\$1,865	\$1,554	\$2,133	\$1,777	\$2,026	\$1,688
51	\$2,050	\$1,708	\$1,948	\$1,623	\$2,227	\$1,856	\$2,116	\$1,763
52	\$2,146	\$1,788	\$2,038	\$1,699	\$2,331	\$1,943	\$2,215	\$1,845
53	\$2,242	\$1,869	\$2,130	\$1,775	\$2,436	\$2,030	\$2,314	\$1,929
54	\$2,347	\$1,956	\$2,229	\$1,858	\$2,550	\$2,125	\$2,422	\$2,018
55	\$2,451	\$2,043	\$2,329	\$1,941	\$2,663	\$2,219	\$2,530	\$2,108
56	\$2,564	\$2,137	\$2,436	\$2,030	\$2,786	\$2,322	\$2,647	\$2,206
57	\$2,679	\$2,232	\$2,545	\$2,121	\$2,910	\$2,425	\$2,765	\$2,304
58	\$2,801	\$2,334	\$2,661	\$2,217	\$3,043	\$2,536	\$2,891	\$2,409
59	\$2,861	\$2,384	\$2,718	\$2,265	\$3,108	\$2,590	\$2,953	\$2,461
60	\$2,983	\$2,486	\$2,834	\$2,362	\$3,241	\$2,701	\$3,079	\$2,566
61	\$3,089	\$2,574	\$2,934	\$2,445	\$3,356	\$2,796	\$3,188	\$2,657
62	\$3,158	\$2,632	\$3,000	\$2,500	\$3,431	\$2,859	\$3,259	\$2,716
63	\$3,245	\$2,704	\$3,083	\$2,569	\$3,525	\$2,938	\$3,349	\$2,791
64	\$3,298	\$2,748	\$3,133	\$2,611	\$3,583	\$2,985	\$3,403	\$2,836
65+	\$3,298	\$2,748	\$3,133	\$2,611	\$3,583	\$2,985	\$3,403	\$2,836

Description of Discounts:

- A** 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.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2016 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$1,500 Deductible**

Area 3: Clark, Klickitat, Skamania Counties

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$622	\$519	\$591	\$493	\$622	\$519	\$591	\$493
21	\$980	\$817	\$931	\$776	\$1,065	\$887	\$1,012	\$843
22	\$980	\$817	\$931	\$776	\$1,065	\$887	\$1,012	\$843
23	\$980	\$817	\$931	\$776	\$1,065	\$887	\$1,012	\$843
24	\$980	\$817	\$931	\$776	\$1,065	\$887	\$1,012	\$843
25	\$984	\$820	\$935	\$779	\$1,069	\$891	\$1,016	\$846
26	\$1,004	\$836	\$953	\$795	\$1,090	\$909	\$1,036	\$863
27	\$1,027	\$856	\$976	\$813	\$1,116	\$930	\$1,060	\$883
28	\$1,065	\$888	\$1,012	\$843	\$1,157	\$965	\$1,100	\$916
29	\$1,097	\$914	\$1,042	\$868	\$1,192	\$993	\$1,132	\$943
30	\$1,112	\$927	\$1,057	\$881	\$1,209	\$1,007	\$1,148	\$957
31	\$1,136	\$947	\$1,079	\$899	\$1,234	\$1,028	\$1,172	\$977
32	\$1,159	\$966	\$1,101	\$918	\$1,260	\$1,050	\$1,197	\$997
33	\$1,174	\$978	\$1,115	\$930	\$1,276	\$1,063	\$1,212	\$1,010
34	\$1,190	\$992	\$1,130	\$942	\$1,293	\$1,077	\$1,228	\$1,023
35	\$1,198	\$998	\$1,138	\$948	\$1,301	\$1,084	\$1,236	\$1,030
36	\$1,206	\$1,005	\$1,145	\$954	\$1,310	\$1,091	\$1,244	\$1,037
37	\$1,213	\$1,011	\$1,153	\$961	\$1,318	\$1,099	\$1,252	\$1,044
38	\$1,221	\$1,018	\$1,160	\$967	\$1,327	\$1,106	\$1,260	\$1,050
39	\$1,237	\$1,031	\$1,175	\$979	\$1,344	\$1,120	\$1,277	\$1,064
40	\$1,253	\$1,044	\$1,190	\$992	\$1,361	\$1,134	\$1,293	\$1,077
41	\$1,276	\$1,063	\$1,212	\$1,010	\$1,386	\$1,155	\$1,317	\$1,098
42	\$1,299	\$1,082	\$1,234	\$1,028	\$1,411	\$1,176	\$1,340	\$1,117
43	\$1,330	\$1,108	\$1,264	\$1,053	\$1,445	\$1,204	\$1,373	\$1,144
44	\$1,369	\$1,141	\$1,301	\$1,084	\$1,488	\$1,240	\$1,413	\$1,178
45	\$1,415	\$1,179	\$1,345	\$1,120	\$1,538	\$1,281	\$1,461	\$1,217
46	\$1,470	\$1,225	\$1,397	\$1,164	\$1,597	\$1,331	\$1,517	\$1,264
47	\$1,532	\$1,277	\$1,455	\$1,213	\$1,664	\$1,387	\$1,581	\$1,318
48	\$1,602	\$1,335	\$1,522	\$1,269	\$1,741	\$1,451	\$1,654	\$1,378
49	\$1,672	\$1,393	\$1,588	\$1,324	\$1,817	\$1,514	\$1,726	\$1,438
50	\$1,750	\$1,459	\$1,663	\$1,386	\$1,902	\$1,585	\$1,807	\$1,506
51	\$1,828	\$1,523	\$1,737	\$1,447	\$1,986	\$1,655	\$1,887	\$1,572
52	\$1,913	\$1,594	\$1,818	\$1,515	\$2,078	\$1,732	\$1,975	\$1,645
53	\$1,999	\$1,666	\$1,899	\$1,583	\$2,172	\$1,810	\$2,064	\$1,720
54	\$2,093	\$1,744	\$1,988	\$1,657	\$2,273	\$1,894	\$2,160	\$1,800
55	\$2,186	\$1,821	\$2,076	\$1,730	\$2,374	\$1,979	\$2,256	\$1,880
56	\$2,287	\$1,905	\$2,172	\$1,810	\$2,484	\$2,070	\$2,360	\$1,967
57	\$2,389	\$1,990	\$2,269	\$1,891	\$2,595	\$2,162	\$2,465	\$2,054
58	\$2,497	\$2,081	\$2,372	\$1,977	\$2,713	\$2,261	\$2,577	\$2,148
59	\$2,551	\$2,126	\$2,424	\$2,020	\$2,772	\$2,310	\$2,633	\$2,194
60	\$2,660	\$2,217	\$2,527	\$2,106	\$2,890	\$2,408	\$2,745	\$2,288
61	\$2,754	\$2,295	\$2,616	\$2,180	\$2,992	\$2,493	\$2,842	\$2,369
62	\$2,816	\$2,347	\$2,675	\$2,229	\$3,059	\$2,549	\$2,906	\$2,422
63	\$2,893	\$2,411	\$2,749	\$2,291	\$3,143	\$2,619	\$2,986	\$2,488
64	\$2,940	\$2,450	\$2,793	\$2,328	\$3,194	\$2,662	\$3,035	\$2,529
65+	\$2,940	\$2,450	\$2,793	\$2,328	\$3,194	\$2,662	\$3,035	\$2,529

Description of Discounts:

- A** 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.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2016 Monthly Premium Rates**

PREFERRED PROVIDER PLANS (PPO Plans)

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

Age	Non-Smoker Rates					Smoker Rates				
	Deductible					Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000 HSA	\$500	\$1,000	\$2,500	\$5,000	\$3,000 HSA
0-20	\$504	\$462	\$249	\$203	\$227	\$504	\$462	\$249	\$203	\$227
21	\$794	\$728	\$393	\$320	\$358	\$865	\$793	\$428	\$348	\$390
22	\$794	\$728	\$393	\$320	\$358	\$865	\$793	\$428	\$348	\$390
23	\$794	\$728	\$393	\$320	\$358	\$865	\$793	\$428	\$348	\$390
24	\$794	\$728	\$393	\$320	\$358	\$865	\$793	\$428	\$348	\$390
25	\$798	\$731	\$394	\$321	\$359	\$869	\$796	\$430	\$349	\$391
26	\$813	\$745	\$402	\$327	\$366	\$886	\$812	\$438	\$356	\$399
27	\$832	\$763	\$412	\$335	\$375	\$907	\$831	\$449	\$365	\$409
28	\$863	\$791	\$427	\$347	\$389	\$941	\$862	\$465	\$378	\$424
29	\$889	\$814	\$440	\$358	\$400	\$968	\$887	\$479	\$389	\$436
30	\$902	\$826	\$446	\$363	\$406	\$982	\$900	\$486	\$395	\$443
31	\$921	\$844	\$455	\$370	\$415	\$1,003	\$919	\$496	\$403	\$452
32	\$940	\$861	\$465	\$378	\$423	\$1,024	\$938	\$506	\$412	\$461
33	\$952	\$872	\$471	\$383	\$429	\$1,037	\$950	\$513	\$417	\$467
34	\$964	\$884	\$477	\$388	\$434	\$1,050	\$962	\$520	\$422	\$473
35	\$971	\$889	\$480	\$390	\$437	\$1,057	\$969	\$523	\$425	\$476
36	\$977	\$895	\$483	\$393	\$440	\$1,064	\$975	\$527	\$428	\$480
37	\$983	\$901	\$486	\$396	\$443	\$1,071	\$981	\$530	\$431	\$483
38	\$990	\$907	\$490	\$398	\$446	\$1,078	\$988	\$533	\$434	\$486
39	\$1,002	\$918	\$496	\$403	\$452	\$1,092	\$1,000	\$540	\$439	\$492
40	\$1,015	\$930	\$502	\$408	\$457	\$1,106	\$1,013	\$547	\$445	\$498
41	\$1,034	\$948	\$512	\$416	\$466	\$1,127	\$1,032	\$557	\$453	\$508
42	\$1,053	\$964	\$521	\$423	\$474	\$1,146	\$1,050	\$567	\$461	\$517
43	\$1,078	\$988	\$533	\$434	\$486	\$1,174	\$1,076	\$581	\$472	\$529
44	\$1,110	\$1,017	\$549	\$446	\$500	\$1,209	\$1,107	\$598	\$486	\$545
45	\$1,147	\$1,051	\$567	\$461	\$517	\$1,249	\$1,145	\$618	\$502	\$563
46	\$1,192	\$1,092	\$589	\$479	\$537	\$1,298	\$1,189	\$642	\$522	\$585
47	\$1,242	\$1,138	\$614	\$499	\$559	\$1,352	\$1,239	\$669	\$544	\$609
48	\$1,299	\$1,190	\$642	\$522	\$585	\$1,415	\$1,296	\$700	\$569	\$638
49	\$1,355	\$1,242	\$670	\$545	\$611	\$1,476	\$1,352	\$730	\$594	\$665
50	\$1,419	\$1,300	\$702	\$571	\$639	\$1,545	\$1,416	\$765	\$621	\$696
51	\$1,481	\$1,357	\$733	\$596	\$667	\$1,614	\$1,479	\$798	\$649	\$727
52	\$1,551	\$1,421	\$767	\$624	\$699	\$1,689	\$1,547	\$836	\$679	\$761
53	\$1,620	\$1,485	\$801	\$652	\$730	\$1,765	\$1,617	\$873	\$710	\$795
54	\$1,696	\$1,554	\$839	\$682	\$764	\$1,847	\$1,693	\$914	\$743	\$832
55	\$1,771	\$1,623	\$876	\$713	\$798	\$1,930	\$1,768	\$955	\$776	\$870
56	\$1,853	\$1,698	\$917	\$745	\$835	\$2,019	\$1,850	\$999	\$812	\$910
57	\$1,936	\$1,774	\$957	\$779	\$872	\$2,109	\$1,932	\$1,043	\$848	\$950
58	\$2,024	\$1,854	\$1,001	\$814	\$912	\$2,205	\$2,020	\$1,091	\$887	\$994
59	\$2,068	\$1,894	\$1,023	\$832	\$932	\$2,252	\$2,064	\$1,114	\$906	\$1,015
60	\$2,156	\$1,975	\$1,066	\$867	\$971	\$2,348	\$2,152	\$1,162	\$944	\$1,058
61	\$2,232	\$2,045	\$1,104	\$898	\$1,006	\$2,431	\$2,228	\$1,203	\$978	\$1,096
62	\$2,282	\$2,091	\$1,129	\$918	\$1,028	\$2,486	\$2,278	\$1,230	\$1,000	\$1,120
63	\$2,345	\$2,148	\$1,160	\$943	\$1,056	\$2,554	\$2,340	\$1,264	\$1,027	\$1,151
64	\$2,383	\$2,183	\$1,179	\$959	\$1,074	\$2,596	\$2,378	\$1,284	\$1,044	\$1,170
65+	\$2,383	\$2,183	\$1,179	\$959	\$1,074	\$2,596	\$2,378	\$1,284	\$1,044	\$1,170

**Washington State Health Insurance Pool (WSHIP)
2016 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$500 Deductible**

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

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$688	\$573	\$653	\$545	\$688	\$573	\$653	\$545
21	\$1,083	\$903	\$1,029	\$858	\$1,180	\$983	\$1,121	\$934
22	\$1,083	\$903	\$1,029	\$858	\$1,180	\$983	\$1,121	\$934
23	\$1,083	\$903	\$1,029	\$858	\$1,180	\$983	\$1,121	\$934
24	\$1,083	\$903	\$1,029	\$858	\$1,180	\$983	\$1,121	\$934
25	\$1,088	\$906	\$1,033	\$861	\$1,185	\$987	\$1,125	\$938
26	\$1,109	\$924	\$1,054	\$878	\$1,208	\$1,007	\$1,148	\$957
27	\$1,135	\$946	\$1,078	\$899	\$1,237	\$1,030	\$1,175	\$979
28	\$1,177	\$981	\$1,119	\$932	\$1,283	\$1,069	\$1,218	\$1,015
29	\$1,212	\$1,010	\$1,151	\$960	\$1,320	\$1,100	\$1,254	\$1,045
30	\$1,229	\$1,025	\$1,168	\$973	\$1,339	\$1,116	\$1,272	\$1,060
31	\$1,255	\$1,046	\$1,193	\$994	\$1,368	\$1,140	\$1,299	\$1,083
32	\$1,281	\$1,068	\$1,217	\$1,014	\$1,396	\$1,163	\$1,326	\$1,105
33	\$1,298	\$1,081	\$1,233	\$1,027	\$1,414	\$1,178	\$1,343	\$1,119
34	\$1,315	\$1,096	\$1,249	\$1,041	\$1,432	\$1,194	\$1,361	\$1,134
35	\$1,324	\$1,103	\$1,257	\$1,048	\$1,442	\$1,202	\$1,370	\$1,141
36	\$1,332	\$1,110	\$1,266	\$1,055	\$1,451	\$1,209	\$1,379	\$1,149
37	\$1,341	\$1,117	\$1,274	\$1,062	\$1,461	\$1,217	\$1,388	\$1,156
38	\$1,350	\$1,125	\$1,282	\$1,068	\$1,470	\$1,225	\$1,397	\$1,164
39	\$1,367	\$1,139	\$1,299	\$1,082	\$1,489	\$1,241	\$1,415	\$1,179
40	\$1,384	\$1,154	\$1,315	\$1,096	\$1,508	\$1,257	\$1,433	\$1,194
41	\$1,410	\$1,175	\$1,340	\$1,116	\$1,536	\$1,280	\$1,459	\$1,216
42	\$1,435	\$1,196	\$1,363	\$1,136	\$1,563	\$1,303	\$1,485	\$1,238
43	\$1,470	\$1,225	\$1,396	\$1,164	\$1,601	\$1,334	\$1,521	\$1,268
44	\$1,513	\$1,261	\$1,438	\$1,198	\$1,648	\$1,374	\$1,566	\$1,305
45	\$1,564	\$1,303	\$1,486	\$1,238	\$1,704	\$1,420	\$1,619	\$1,349
46	\$1,625	\$1,354	\$1,544	\$1,286	\$1,770	\$1,475	\$1,681	\$1,401
47	\$1,693	\$1,411	\$1,608	\$1,340	\$1,844	\$1,537	\$1,752	\$1,460
48	\$1,771	\$1,476	\$1,682	\$1,402	\$1,929	\$1,608	\$1,833	\$1,527
49	\$1,848	\$1,540	\$1,756	\$1,463	\$2,013	\$1,677	\$1,912	\$1,594
50	\$1,935	\$1,612	\$1,838	\$1,532	\$2,107	\$1,756	\$2,002	\$1,668
51	\$2,020	\$1,683	\$1,919	\$1,599	\$2,201	\$1,834	\$2,090	\$1,742
52	\$2,114	\$1,762	\$2,009	\$1,674	\$2,303	\$1,919	\$2,188	\$1,823
53	\$2,210	\$1,841	\$2,099	\$1,749	\$2,407	\$2,006	\$2,287	\$1,906
54	\$2,313	\$1,927	\$2,197	\$1,831	\$2,519	\$2,099	\$2,393	\$1,994
55	\$2,416	\$2,013	\$2,295	\$1,912	\$2,631	\$2,193	\$2,500	\$2,083
56	\$2,527	\$2,106	\$2,401	\$2,001	\$2,753	\$2,294	\$2,615	\$2,179
57	\$2,640	\$2,200	\$2,508	\$2,090	\$2,875	\$2,396	\$2,732	\$2,276
58	\$2,760	\$2,300	\$2,622	\$2,185	\$3,006	\$2,505	\$2,856	\$2,380
59	\$2,820	\$2,350	\$2,679	\$2,232	\$3,071	\$2,559	\$2,918	\$2,431
60	\$2,940	\$2,450	\$2,793	\$2,327	\$3,202	\$2,669	\$3,042	\$2,535
61	\$3,044	\$2,536	\$2,892	\$2,410	\$3,316	\$2,763	\$3,150	\$2,625
62	\$3,112	\$2,593	\$2,956	\$2,464	\$3,390	\$2,825	\$3,220	\$2,684
63	\$3,198	\$2,665	\$3,038	\$2,531	\$3,483	\$2,903	\$3,309	\$2,757
64	\$3,250	\$2,708	\$3,087	\$2,573	\$3,540	\$2,950	\$3,363	\$2,802
65+	\$3,250	\$2,708	\$3,087	\$2,573	\$3,540	\$2,950	\$3,363	\$2,802

Description of Discounts:

- A** 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.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2016 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$1,000 Deductible**

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

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$630	\$525	\$599	\$499	\$630	\$525	\$599	\$499
21	\$992	\$827	\$943	\$786	\$1,081	\$901	\$1,027	\$856
22	\$992	\$827	\$943	\$786	\$1,081	\$901	\$1,027	\$856
23	\$992	\$827	\$943	\$786	\$1,081	\$901	\$1,027	\$856
24	\$992	\$827	\$943	\$786	\$1,081	\$901	\$1,027	\$856
25	\$996	\$830	\$947	\$789	\$1,085	\$904	\$1,031	\$859
26	\$1,016	\$847	\$965	\$805	\$1,107	\$922	\$1,052	\$876
27	\$1,040	\$867	\$988	\$823	\$1,133	\$944	\$1,076	\$897
28	\$1,079	\$899	\$1,025	\$854	\$1,175	\$979	\$1,116	\$930
29	\$1,111	\$925	\$1,055	\$879	\$1,210	\$1,008	\$1,149	\$958
30	\$1,126	\$939	\$1,070	\$892	\$1,227	\$1,022	\$1,166	\$971
31	\$1,150	\$959	\$1,093	\$911	\$1,253	\$1,044	\$1,190	\$992
32	\$1,174	\$978	\$1,115	\$929	\$1,279	\$1,066	\$1,215	\$1,012
33	\$1,189	\$991	\$1,129	\$941	\$1,295	\$1,079	\$1,230	\$1,025
34	\$1,205	\$1,004	\$1,145	\$954	\$1,312	\$1,094	\$1,247	\$1,039
35	\$1,213	\$1,011	\$1,152	\$960	\$1,321	\$1,101	\$1,255	\$1,046
36	\$1,221	\$1,017	\$1,160	\$966	\$1,330	\$1,108	\$1,263	\$1,053
37	\$1,229	\$1,024	\$1,167	\$973	\$1,338	\$1,115	\$1,271	\$1,060
38	\$1,237	\$1,030	\$1,175	\$979	\$1,347	\$1,122	\$1,280	\$1,066
39	\$1,252	\$1,044	\$1,190	\$992	\$1,364	\$1,137	\$1,296	\$1,080
40	\$1,268	\$1,057	\$1,205	\$1,004	\$1,382	\$1,151	\$1,312	\$1,094
41	\$1,292	\$1,077	\$1,228	\$1,023	\$1,408	\$1,173	\$1,337	\$1,114
42	\$1,315	\$1,096	\$1,249	\$1,041	\$1,432	\$1,194	\$1,361	\$1,134
43	\$1,347	\$1,122	\$1,279	\$1,066	\$1,467	\$1,222	\$1,394	\$1,161
44	\$1,386	\$1,155	\$1,317	\$1,098	\$1,510	\$1,259	\$1,435	\$1,196
45	\$1,433	\$1,194	\$1,361	\$1,135	\$1,561	\$1,301	\$1,483	\$1,236
46	\$1,489	\$1,241	\$1,414	\$1,179	\$1,622	\$1,351	\$1,540	\$1,284
47	\$1,551	\$1,293	\$1,474	\$1,228	\$1,690	\$1,408	\$1,605	\$1,338
48	\$1,623	\$1,352	\$1,542	\$1,285	\$1,768	\$1,473	\$1,679	\$1,399
49	\$1,693	\$1,411	\$1,608	\$1,340	\$1,844	\$1,537	\$1,752	\$1,460
50	\$1,772	\$1,477	\$1,684	\$1,403	\$1,931	\$1,609	\$1,834	\$1,529
51	\$1,851	\$1,542	\$1,758	\$1,465	\$2,016	\$1,680	\$1,915	\$1,596
52	\$1,937	\$1,614	\$1,840	\$1,534	\$2,110	\$1,758	\$2,005	\$1,671
53	\$2,025	\$1,687	\$1,923	\$1,603	\$2,205	\$1,838	\$2,095	\$1,746
54	\$2,119	\$1,766	\$2,013	\$1,677	\$2,308	\$1,923	\$2,193	\$1,827
55	\$2,213	\$1,844	\$2,102	\$1,752	\$2,411	\$2,009	\$2,290	\$1,908
56	\$2,315	\$1,929	\$2,200	\$1,833	\$2,522	\$2,102	\$2,396	\$1,997
57	\$2,419	\$2,015	\$2,298	\$1,915	\$2,635	\$2,195	\$2,503	\$2,086
58	\$2,529	\$2,107	\$2,402	\$2,002	\$2,755	\$2,295	\$2,617	\$2,181
59	\$2,583	\$2,153	\$2,454	\$2,045	\$2,814	\$2,345	\$2,673	\$2,228
60	\$2,693	\$2,245	\$2,559	\$2,132	\$2,934	\$2,445	\$2,787	\$2,323
61	\$2,789	\$2,324	\$2,649	\$2,208	\$3,038	\$2,531	\$2,886	\$2,405
62	\$2,851	\$2,376	\$2,709	\$2,257	\$3,106	\$2,588	\$2,951	\$2,459
63	\$2,930	\$2,441	\$2,783	\$2,319	\$3,191	\$2,659	\$3,032	\$2,526
64	\$2,977	\$2,481	\$2,828	\$2,357	\$3,243	\$2,703	\$3,081	\$2,567
65+	\$2,977	\$2,481	\$2,828	\$2,357	\$3,243	\$2,703	\$3,081	\$2,567

Description of Discounts:

- A** 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.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2016 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$1,500 Deductible**

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

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$562	\$468	\$534	\$445	\$562	\$468	\$534	\$445
21	\$885	\$737	\$841	\$701	\$964	\$803	\$916	\$763
22	\$885	\$737	\$841	\$701	\$964	\$803	\$916	\$763
23	\$885	\$737	\$841	\$701	\$964	\$803	\$916	\$763
24	\$885	\$737	\$841	\$701	\$964	\$803	\$916	\$763
25	\$888	\$740	\$844	\$703	\$968	\$806	\$919	\$766
26	\$906	\$755	\$861	\$717	\$987	\$823	\$938	\$781
27	\$927	\$773	\$881	\$734	\$1,010	\$842	\$960	\$800
28	\$962	\$802	\$914	\$761	\$1,048	\$873	\$995	\$829
29	\$990	\$825	\$941	\$784	\$1,079	\$899	\$1,025	\$854
30	\$1,004	\$837	\$954	\$795	\$1,094	\$912	\$1,039	\$866
31	\$1,026	\$855	\$974	\$812	\$1,117	\$931	\$1,061	\$884
32	\$1,047	\$872	\$994	\$829	\$1,140	\$950	\$1,083	\$903
33	\$1,060	\$883	\$1,007	\$839	\$1,155	\$962	\$1,097	\$914
34	\$1,074	\$895	\$1,021	\$850	\$1,170	\$975	\$1,112	\$926
35	\$1,081	\$901	\$1,027	\$856	\$1,178	\$982	\$1,119	\$933
36	\$1,088	\$907	\$1,034	\$862	\$1,186	\$988	\$1,126	\$939
37	\$1,096	\$913	\$1,041	\$867	\$1,193	\$994	\$1,134	\$945
38	\$1,103	\$919	\$1,047	\$873	\$1,201	\$1,001	\$1,141	\$951
39	\$1,117	\$931	\$1,061	\$884	\$1,216	\$1,014	\$1,156	\$963
40	\$1,131	\$942	\$1,074	\$895	\$1,232	\$1,027	\$1,170	\$975
41	\$1,152	\$960	\$1,095	\$912	\$1,255	\$1,046	\$1,192	\$994
42	\$1,172	\$977	\$1,114	\$928	\$1,277	\$1,064	\$1,213	\$1,011
43	\$1,201	\$1,001	\$1,141	\$951	\$1,308	\$1,090	\$1,243	\$1,036
44	\$1,236	\$1,030	\$1,174	\$979	\$1,347	\$1,122	\$1,279	\$1,066
45	\$1,278	\$1,065	\$1,214	\$1,012	\$1,392	\$1,160	\$1,322	\$1,102
46	\$1,327	\$1,106	\$1,261	\$1,051	\$1,446	\$1,205	\$1,374	\$1,145
47	\$1,383	\$1,153	\$1,314	\$1,095	\$1,507	\$1,255	\$1,431	\$1,193
48	\$1,447	\$1,206	\$1,374	\$1,145	\$1,576	\$1,313	\$1,497	\$1,248
49	\$1,510	\$1,258	\$1,434	\$1,195	\$1,644	\$1,370	\$1,562	\$1,302
50	\$1,580	\$1,317	\$1,501	\$1,251	\$1,722	\$1,435	\$1,635	\$1,363
51	\$1,650	\$1,375	\$1,568	\$1,307	\$1,798	\$1,498	\$1,708	\$1,423
52	\$1,727	\$1,439	\$1,641	\$1,367	\$1,882	\$1,568	\$1,787	\$1,490
53	\$1,805	\$1,504	\$1,715	\$1,429	\$1,966	\$1,639	\$1,868	\$1,557
54	\$1,889	\$1,574	\$1,795	\$1,496	\$2,058	\$1,715	\$1,955	\$1,629
55	\$1,973	\$1,644	\$1,875	\$1,562	\$2,150	\$1,791	\$2,042	\$1,702
56	\$2,064	\$1,720	\$1,961	\$1,634	\$2,249	\$1,874	\$2,136	\$1,780
57	\$2,157	\$1,797	\$2,049	\$1,707	\$2,349	\$1,958	\$2,232	\$1,860
58	\$2,255	\$1,879	\$2,142	\$1,785	\$2,456	\$2,047	\$2,333	\$1,944
59	\$2,303	\$1,920	\$2,188	\$1,824	\$2,509	\$2,091	\$2,384	\$1,986
60	\$2,402	\$2,001	\$2,282	\$1,901	\$2,616	\$2,180	\$2,485	\$2,071
61	\$2,487	\$2,072	\$2,362	\$1,969	\$2,709	\$2,257	\$2,573	\$2,144
62	\$2,542	\$2,119	\$2,415	\$2,013	\$2,769	\$2,308	\$2,631	\$2,192
63	\$2,612	\$2,177	\$2,482	\$2,068	\$2,845	\$2,371	\$2,703	\$2,253
64	\$2,655	\$2,212	\$2,522	\$2,102	\$2,892	\$2,410	\$2,747	\$2,289
65+	\$2,655	\$2,212	\$2,522	\$2,102	\$2,892	\$2,410	\$2,747	\$2,289

Description of Discounts:

- A** 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.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2016 Monthly Premium Rates**

PREFERRED PROVIDER PLANS (PPO Plans)

Area 5: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Franklin, Garfield, Grant, Kittitas, Okanogan, Walla Walla, Whitman, Yakima Counties

Age	Non-Smoker Rates					Smoker Rates				
	Deductible					Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000 HSA	\$500	\$1,000	\$2,500	\$5,000	\$3,000 HSA
0-20	\$537	\$492	\$265	\$214	\$241	\$537	\$492	\$265	\$214	\$241
21	\$845	\$774	\$417	\$338	\$380	\$926	\$849	\$457	\$370	\$416
22	\$845	\$774	\$417	\$338	\$380	\$926	\$849	\$457	\$370	\$416
23	\$845	\$774	\$417	\$338	\$380	\$926	\$849	\$457	\$370	\$416
24	\$845	\$774	\$417	\$338	\$380	\$926	\$849	\$457	\$370	\$416
25	\$849	\$778	\$418	\$339	\$381	\$930	\$852	\$459	\$371	\$418
26	\$866	\$793	\$427	\$346	\$389	\$949	\$869	\$468	\$379	\$426
27	\$886	\$812	\$437	\$354	\$398	\$971	\$890	\$479	\$388	\$436
28	\$919	\$842	\$453	\$367	\$413	\$1,007	\$923	\$497	\$402	\$452
29	\$946	\$867	\$466	\$378	\$425	\$1,037	\$950	\$511	\$414	\$466
30	\$959	\$879	\$473	\$383	\$431	\$1,051	\$963	\$519	\$420	\$472
31	\$980	\$898	\$483	\$391	\$440	\$1,074	\$984	\$530	\$429	\$482
32	\$1,000	\$916	\$493	\$399	\$449	\$1,096	\$1,004	\$541	\$438	\$492
33	\$1,013	\$928	\$499	\$404	\$455	\$1,110	\$1,017	\$547	\$443	\$498
34	\$1,026	\$940	\$506	\$410	\$461	\$1,125	\$1,030	\$555	\$449	\$505
35	\$1,033	\$946	\$509	\$413	\$464	\$1,132	\$1,037	\$558	\$452	\$508
36	\$1,040	\$953	\$513	\$415	\$467	\$1,139	\$1,044	\$562	\$455	\$512
37	\$1,046	\$959	\$516	\$418	\$470	\$1,147	\$1,051	\$566	\$458	\$515
38	\$1,053	\$965	\$519	\$421	\$473	\$1,154	\$1,058	\$569	\$461	\$518
39	\$1,067	\$977	\$526	\$426	\$479	\$1,169	\$1,071	\$577	\$467	\$525
40	\$1,080	\$990	\$533	\$431	\$485	\$1,184	\$1,085	\$584	\$473	\$532
41	\$1,100	\$1,008	\$543	\$440	\$494	\$1,206	\$1,105	\$595	\$482	\$542
42	\$1,120	\$1,026	\$552	\$447	\$503	\$1,227	\$1,125	\$605	\$490	\$551
43	\$1,147	\$1,051	\$566	\$458	\$515	\$1,257	\$1,152	\$620	\$502	\$565
44	\$1,181	\$1,082	\$582	\$472	\$530	\$1,294	\$1,186	\$638	\$517	\$581
45	\$1,221	\$1,118	\$602	\$488	\$548	\$1,338	\$1,226	\$660	\$534	\$601
46	\$1,268	\$1,162	\$625	\$506	\$569	\$1,390	\$1,273	\$685	\$555	\$624
47	\$1,321	\$1,210	\$651	\$528	\$593	\$1,448	\$1,327	\$714	\$578	\$650
48	\$1,382	\$1,266	\$681	\$552	\$621	\$1,515	\$1,388	\$747	\$605	\$680
49	\$1,442	\$1,321	\$711	\$576	\$648	\$1,580	\$1,448	\$779	\$631	\$710
50	\$1,510	\$1,383	\$744	\$603	\$678	\$1,655	\$1,516	\$816	\$661	\$743
51	\$1,576	\$1,444	\$777	\$630	\$708	\$1,728	\$1,583	\$852	\$690	\$776
52	\$1,650	\$1,512	\$814	\$659	\$741	\$1,808	\$1,657	\$892	\$722	\$812
53	\$1,724	\$1,580	\$850	\$689	\$774	\$1,890	\$1,731	\$932	\$754	\$849
54	\$1,805	\$1,653	\$890	\$721	\$810	\$1,978	\$1,812	\$976	\$790	\$888
55	\$1,885	\$1,727	\$930	\$753	\$846	\$2,066	\$1,893	\$1,019	\$825	\$928
56	\$1,972	\$1,807	\$972	\$788	\$886	\$2,161	\$1,980	\$1,066	\$863	\$971
57	\$2,060	\$1,887	\$1,016	\$823	\$925	\$2,258	\$2,068	\$1,113	\$901	\$1,014
58	\$2,154	\$1,973	\$1,062	\$860	\$967	\$2,360	\$2,163	\$1,164	\$942	\$1,060
59	\$2,200	\$2,016	\$1,085	\$879	\$988	\$2,411	\$2,209	\$1,189	\$963	\$1,083
60	\$2,294	\$2,102	\$1,131	\$916	\$1,030	\$2,514	\$2,304	\$1,240	\$1,004	\$1,129
61	\$2,375	\$2,176	\$1,171	\$949	\$1,067	\$2,603	\$2,385	\$1,284	\$1,039	\$1,169
62	\$2,428	\$2,225	\$1,198	\$970	\$1,091	\$2,661	\$2,438	\$1,313	\$1,063	\$1,195
63	\$2,495	\$2,286	\$1,230	\$997	\$1,121	\$2,735	\$2,506	\$1,349	\$1,092	\$1,228
64	\$2,536	\$2,323	\$1,250	\$1,013	\$1,139	\$2,779	\$2,546	\$1,371	\$1,110	\$1,248
65+	\$2,536	\$2,323	\$1,250	\$1,013	\$1,139	\$2,779	\$2,546	\$1,371	\$1,110	\$1,248

**Washington State Health Insurance Pool (WSHIP)
2016 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$500 Deductible**

**Area 5: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Franklin,
Garfield, Grant, Kittitas, Okanogan, Walla Walla, Whitman, Yakima
Counties**

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$732	\$610	\$695	\$579	\$732	\$610	\$695	\$579
21	\$1,153	\$960	\$1,095	\$912	\$1,263	\$1,053	\$1,200	\$1,000
22	\$1,153	\$960	\$1,095	\$912	\$1,263	\$1,053	\$1,200	\$1,000
23	\$1,153	\$960	\$1,095	\$912	\$1,263	\$1,053	\$1,200	\$1,000
24	\$1,153	\$960	\$1,095	\$912	\$1,263	\$1,053	\$1,200	\$1,000
25	\$1,157	\$964	\$1,099	\$916	\$1,268	\$1,057	\$1,205	\$1,004
26	\$1,180	\$984	\$1,121	\$934	\$1,294	\$1,078	\$1,229	\$1,024
27	\$1,208	\$1,007	\$1,148	\$956	\$1,324	\$1,103	\$1,258	\$1,048
28	\$1,253	\$1,044	\$1,190	\$992	\$1,373	\$1,144	\$1,304	\$1,087
29	\$1,290	\$1,075	\$1,225	\$1,021	\$1,414	\$1,178	\$1,343	\$1,119
30	\$1,308	\$1,090	\$1,243	\$1,036	\$1,434	\$1,195	\$1,362	\$1,135
31	\$1,336	\$1,113	\$1,269	\$1,058	\$1,464	\$1,220	\$1,391	\$1,159
32	\$1,363	\$1,136	\$1,295	\$1,079	\$1,494	\$1,245	\$1,420	\$1,183
33	\$1,381	\$1,151	\$1,312	\$1,093	\$1,513	\$1,261	\$1,438	\$1,198
34	\$1,399	\$1,166	\$1,329	\$1,108	\$1,534	\$1,278	\$1,457	\$1,214
35	\$1,408	\$1,174	\$1,338	\$1,115	\$1,544	\$1,286	\$1,466	\$1,222
36	\$1,418	\$1,181	\$1,347	\$1,122	\$1,554	\$1,295	\$1,476	\$1,230
37	\$1,427	\$1,189	\$1,356	\$1,130	\$1,564	\$1,303	\$1,486	\$1,238
38	\$1,436	\$1,197	\$1,364	\$1,137	\$1,574	\$1,312	\$1,495	\$1,246
39	\$1,455	\$1,212	\$1,382	\$1,152	\$1,594	\$1,329	\$1,514	\$1,262
40	\$1,473	\$1,227	\$1,399	\$1,166	\$1,614	\$1,345	\$1,534	\$1,278
41	\$1,501	\$1,251	\$1,426	\$1,188	\$1,645	\$1,371	\$1,562	\$1,302
42	\$1,527	\$1,273	\$1,451	\$1,209	\$1,674	\$1,395	\$1,590	\$1,325
43	\$1,564	\$1,303	\$1,486	\$1,238	\$1,714	\$1,429	\$1,629	\$1,357
44	\$1,610	\$1,342	\$1,530	\$1,275	\$1,765	\$1,471	\$1,677	\$1,397
45	\$1,664	\$1,387	\$1,581	\$1,318	\$1,824	\$1,520	\$1,733	\$1,444
46	\$1,729	\$1,441	\$1,642	\$1,369	\$1,895	\$1,579	\$1,800	\$1,500
47	\$1,801	\$1,501	\$1,711	\$1,426	\$1,974	\$1,645	\$1,876	\$1,563
48	\$1,884	\$1,570	\$1,790	\$1,492	\$2,065	\$1,721	\$1,962	\$1,635
49	\$1,966	\$1,639	\$1,868	\$1,557	\$2,155	\$1,796	\$2,047	\$1,706
50	\$2,059	\$1,715	\$1,956	\$1,630	\$2,256	\$1,880	\$2,143	\$1,786
51	\$2,150	\$1,791	\$2,042	\$1,702	\$2,356	\$1,963	\$2,238	\$1,865
52	\$2,250	\$1,875	\$2,137	\$1,781	\$2,466	\$2,055	\$2,343	\$1,952
53	\$2,351	\$1,959	\$2,234	\$1,861	\$2,577	\$2,148	\$2,448	\$2,040
54	\$2,461	\$2,051	\$2,338	\$1,948	\$2,697	\$2,248	\$2,562	\$2,135
55	\$2,570	\$2,142	\$2,442	\$2,035	\$2,817	\$2,348	\$2,676	\$2,230
56	\$2,689	\$2,241	\$2,555	\$2,129	\$2,947	\$2,456	\$2,800	\$2,333
57	\$2,809	\$2,341	\$2,668	\$2,224	\$3,079	\$2,565	\$2,925	\$2,437
58	\$2,937	\$2,447	\$2,790	\$2,325	\$3,219	\$2,682	\$3,058	\$2,548
59	\$3,000	\$2,500	\$2,850	\$2,375	\$3,288	\$2,740	\$3,124	\$2,603
60	\$3,128	\$2,607	\$2,972	\$2,476	\$3,428	\$2,857	\$3,257	\$2,714
61	\$3,239	\$2,699	\$3,077	\$2,564	\$3,550	\$2,958	\$3,372	\$2,810
62	\$3,311	\$2,759	\$3,146	\$2,621	\$3,629	\$3,024	\$3,448	\$2,873
63	\$3,402	\$2,835	\$3,232	\$2,694	\$3,729	\$3,108	\$3,543	\$2,952
64	\$3,458	\$2,881	\$3,285	\$2,737	\$3,790	\$3,158	\$3,600	\$3,000
65+	\$3,458	\$2,881	\$3,285	\$2,737	\$3,790	\$3,158	\$3,600	\$3,000

Description of Discounts:

- A** 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.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2016 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$1,000 Deductible**

**Area 5: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Franklin,
Garfield, Grant, Kittitas, Okanogan, Walla Walla, Whitman, Yakima
Counties**

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$671	\$559	\$637	\$531	\$671	\$559	\$637	\$531
21	\$1,056	\$880	\$1,003	\$836	\$1,157	\$965	\$1,100	\$916
22	\$1,056	\$880	\$1,003	\$836	\$1,157	\$965	\$1,100	\$916
23	\$1,056	\$880	\$1,003	\$836	\$1,157	\$965	\$1,100	\$916
24	\$1,056	\$880	\$1,003	\$836	\$1,157	\$965	\$1,100	\$916
25	\$1,060	\$884	\$1,007	\$839	\$1,162	\$968	\$1,104	\$920
26	\$1,081	\$901	\$1,027	\$856	\$1,185	\$988	\$1,126	\$938
27	\$1,107	\$922	\$1,051	\$876	\$1,213	\$1,011	\$1,152	\$960
28	\$1,148	\$957	\$1,090	\$909	\$1,258	\$1,048	\$1,195	\$996
29	\$1,182	\$985	\$1,123	\$935	\$1,295	\$1,079	\$1,230	\$1,025
30	\$1,199	\$999	\$1,139	\$949	\$1,314	\$1,095	\$1,248	\$1,040
31	\$1,224	\$1,020	\$1,163	\$969	\$1,341	\$1,118	\$1,274	\$1,062
32	\$1,249	\$1,041	\$1,187	\$989	\$1,369	\$1,141	\$1,301	\$1,084
33	\$1,265	\$1,054	\$1,202	\$1,002	\$1,387	\$1,155	\$1,317	\$1,098
34	\$1,282	\$1,068	\$1,218	\$1,015	\$1,405	\$1,171	\$1,335	\$1,112
35	\$1,290	\$1,075	\$1,226	\$1,022	\$1,414	\$1,179	\$1,344	\$1,120
36	\$1,299	\$1,082	\$1,234	\$1,028	\$1,424	\$1,186	\$1,352	\$1,127
37	\$1,307	\$1,089	\$1,242	\$1,035	\$1,433	\$1,194	\$1,361	\$1,134
38	\$1,316	\$1,096	\$1,250	\$1,042	\$1,442	\$1,202	\$1,370	\$1,142
39	\$1,333	\$1,111	\$1,266	\$1,055	\$1,461	\$1,217	\$1,388	\$1,156
40	\$1,350	\$1,125	\$1,282	\$1,068	\$1,479	\$1,233	\$1,405	\$1,171
41	\$1,375	\$1,146	\$1,306	\$1,088	\$1,507	\$1,256	\$1,432	\$1,193
42	\$1,399	\$1,166	\$1,329	\$1,108	\$1,534	\$1,278	\$1,457	\$1,214
43	\$1,433	\$1,194	\$1,361	\$1,134	\$1,571	\$1,309	\$1,492	\$1,243
44	\$1,475	\$1,229	\$1,401	\$1,168	\$1,617	\$1,347	\$1,536	\$1,280
45	\$1,525	\$1,271	\$1,449	\$1,207	\$1,671	\$1,393	\$1,588	\$1,323
46	\$1,584	\$1,320	\$1,505	\$1,254	\$1,736	\$1,447	\$1,649	\$1,374
47	\$1,651	\$1,375	\$1,568	\$1,307	\$1,809	\$1,508	\$1,719	\$1,432
48	\$1,727	\$1,439	\$1,640	\$1,367	\$1,892	\$1,577	\$1,798	\$1,498
49	\$1,802	\$1,501	\$1,711	\$1,426	\$1,975	\$1,645	\$1,876	\$1,563
50	\$1,886	\$1,572	\$1,792	\$1,493	\$2,067	\$1,723	\$1,964	\$1,636
51	\$1,969	\$1,641	\$1,871	\$1,559	\$2,159	\$1,799	\$2,051	\$1,709
52	\$2,061	\$1,718	\$1,958	\$1,632	\$2,259	\$1,883	\$2,146	\$1,789
53	\$2,154	\$1,795	\$2,047	\$1,705	\$2,361	\$1,968	\$2,243	\$1,869
54	\$2,255	\$1,879	\$2,142	\$1,785	\$2,471	\$2,059	\$2,347	\$1,956
55	\$2,355	\$1,962	\$2,237	\$1,864	\$2,581	\$2,151	\$2,452	\$2,043
56	\$2,464	\$2,053	\$2,340	\$1,950	\$2,700	\$2,250	\$2,565	\$2,138
57	\$2,573	\$2,145	\$2,445	\$2,037	\$2,821	\$2,350	\$2,680	\$2,233
58	\$2,691	\$2,242	\$2,556	\$2,130	\$2,949	\$2,458	\$2,802	\$2,335
59	\$2,749	\$2,291	\$2,611	\$2,176	\$3,013	\$2,511	\$2,862	\$2,385
60	\$2,866	\$2,388	\$2,723	\$2,269	\$3,141	\$2,618	\$2,984	\$2,487
61	\$2,967	\$2,473	\$2,819	\$2,349	\$3,252	\$2,710	\$3,090	\$2,575
62	\$3,034	\$2,528	\$2,882	\$2,402	\$3,325	\$2,771	\$3,159	\$2,632
63	\$3,117	\$2,598	\$2,961	\$2,468	\$3,417	\$2,847	\$3,246	\$2,705
64	\$3,168	\$2,640	\$3,010	\$2,508	\$3,472	\$2,894	\$3,299	\$2,749
65+	\$3,168	\$2,640	\$3,010	\$2,508	\$3,472	\$2,894	\$3,299	\$2,749

Description of Discounts:

- A** 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.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
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**Washington State Health Insurance Pool (WSHIP)
2016 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$1,500 Deductible**

**Area 5: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Franklin,
Garfield, Grant, Kittitas, Okanogan, Walla Walla, Whitman, Yakima
Counties**

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$598	\$498	\$568	\$473	\$598	\$498	\$568	\$473
21	\$942	\$785	\$895	\$745	\$1,032	\$860	\$980	\$817
22	\$942	\$785	\$895	\$745	\$1,032	\$860	\$980	\$817
23	\$942	\$785	\$895	\$745	\$1,032	\$860	\$980	\$817
24	\$942	\$785	\$895	\$745	\$1,032	\$860	\$980	\$817
25	\$945	\$788	\$898	\$748	\$1,036	\$863	\$984	\$820
26	\$964	\$803	\$916	\$763	\$1,057	\$881	\$1,004	\$837
27	\$987	\$822	\$937	\$781	\$1,082	\$901	\$1,027	\$856
28	\$1,024	\$853	\$972	\$810	\$1,122	\$935	\$1,066	\$888
29	\$1,054	\$878	\$1,001	\$834	\$1,155	\$962	\$1,097	\$914
30	\$1,069	\$891	\$1,015	\$846	\$1,171	\$976	\$1,113	\$927
31	\$1,091	\$909	\$1,037	\$864	\$1,196	\$997	\$1,136	\$947
32	\$1,114	\$928	\$1,058	\$882	\$1,221	\$1,017	\$1,160	\$967
33	\$1,128	\$940	\$1,072	\$893	\$1,236	\$1,030	\$1,175	\$979
34	\$1,143	\$953	\$1,086	\$905	\$1,253	\$1,044	\$1,190	\$992
35	\$1,151	\$959	\$1,093	\$911	\$1,261	\$1,051	\$1,198	\$998
36	\$1,158	\$965	\$1,100	\$917	\$1,269	\$1,058	\$1,206	\$1,005
37	\$1,166	\$971	\$1,107	\$923	\$1,278	\$1,065	\$1,214	\$1,011
38	\$1,173	\$978	\$1,115	\$929	\$1,286	\$1,072	\$1,222	\$1,018
39	\$1,188	\$990	\$1,129	\$941	\$1,302	\$1,085	\$1,237	\$1,031
40	\$1,203	\$1,003	\$1,143	\$953	\$1,319	\$1,099	\$1,253	\$1,044
41	\$1,226	\$1,022	\$1,165	\$971	\$1,344	\$1,120	\$1,276	\$1,064
42	\$1,248	\$1,040	\$1,185	\$988	\$1,367	\$1,139	\$1,299	\$1,083
43	\$1,278	\$1,065	\$1,214	\$1,012	\$1,400	\$1,167	\$1,330	\$1,109
44	\$1,315	\$1,096	\$1,250	\$1,041	\$1,442	\$1,201	\$1,370	\$1,141
45	\$1,360	\$1,133	\$1,292	\$1,076	\$1,490	\$1,242	\$1,416	\$1,180
46	\$1,412	\$1,177	\$1,342	\$1,118	\$1,548	\$1,290	\$1,471	\$1,225
47	\$1,472	\$1,226	\$1,398	\$1,165	\$1,613	\$1,344	\$1,532	\$1,277
48	\$1,539	\$1,283	\$1,463	\$1,219	\$1,687	\$1,406	\$1,603	\$1,336
49	\$1,606	\$1,339	\$1,526	\$1,272	\$1,761	\$1,467	\$1,673	\$1,394
50	\$1,682	\$1,401	\$1,598	\$1,331	\$1,843	\$1,536	\$1,751	\$1,459
51	\$1,756	\$1,463	\$1,668	\$1,390	\$1,925	\$1,604	\$1,828	\$1,524
52	\$1,838	\$1,532	\$1,746	\$1,455	\$2,014	\$1,679	\$1,914	\$1,595
53	\$1,921	\$1,601	\$1,825	\$1,521	\$2,105	\$1,754	\$2,000	\$1,667
54	\$2,010	\$1,675	\$1,910	\$1,591	\$2,203	\$1,836	\$2,093	\$1,744
55	\$2,100	\$1,750	\$1,995	\$1,662	\$2,301	\$1,918	\$2,186	\$1,822
56	\$2,197	\$1,831	\$2,087	\$1,739	\$2,408	\$2,006	\$2,287	\$1,906
57	\$2,295	\$1,912	\$2,180	\$1,817	\$2,515	\$2,096	\$2,389	\$1,991
58	\$2,399	\$1,999	\$2,279	\$1,899	\$2,630	\$2,191	\$2,498	\$2,082
59	\$2,451	\$2,042	\$2,328	\$1,940	\$2,686	\$2,239	\$2,552	\$2,127
60	\$2,555	\$2,130	\$2,428	\$2,023	\$2,801	\$2,334	\$2,661	\$2,217
61	\$2,646	\$2,205	\$2,514	\$2,095	\$2,900	\$2,417	\$2,755	\$2,296
62	\$2,705	\$2,254	\$2,570	\$2,142	\$2,965	\$2,471	\$2,817	\$2,347
63	\$2,780	\$2,316	\$2,641	\$2,200	\$3,046	\$2,539	\$2,894	\$2,412
64	\$2,825	\$2,354	\$2,684	\$2,236	\$3,096	\$2,580	\$2,941	\$2,451
65+	\$2,825	\$2,354	\$2,684	\$2,236	\$3,096	\$2,580	\$2,941	\$2,451

Description of Discounts:

- A** 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.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.