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October 2020

IMPORTANT NOTICE ABOUT YOUR HEALTH CARE PLAN COVERAGE

Re: - Premium Rate Change Effective January 1, 2021

- Eligibility Verification Form Due December 15, 2020 (*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, 2021** 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.

2021 WSHIP Premium Rates

Your WSHIP monthly premium rate will be changing effective January 1, 2021.

The following is important information about our 2021 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 2021. Your rate will be based on plan selection, geographic location, age, and tobacco-use status.

Eligibility Verification Form Due December 15, 2020

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 2021

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, 2021 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 2021

Step 1	Review the enclosed WSHIP 2021 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	<p>To renew WSHIP coverage or change WSHIP plans:</p> <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:

- **2021 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.
- **2021 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)
2021 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	\$819	\$701	\$395	\$342	\$380	\$819	\$701	\$395	\$342	\$380
15	\$892	\$764	\$430	\$373	\$414	\$892	\$764	\$430	\$373	\$414
16	\$920	\$787	\$444	\$384	\$427	\$920	\$787	\$444	\$384	\$427
17	\$948	\$811	\$457	\$396	\$440	\$948	\$811	\$457	\$396	\$440
18	\$978	\$837	\$471	\$408	\$454	\$978	\$837	\$471	\$408	\$454
19	\$1,008	\$863	\$486	\$421	\$468	\$1,008	\$863	\$486	\$421	\$468
20	\$1,039	\$889	\$501	\$434	\$482	\$1,039	\$889	\$501	\$434	\$482
21	\$1,071	\$917	\$516	\$447	\$497	\$1,227	\$1,051	\$591	\$512	\$569
22	\$1,071	\$917	\$516	\$447	\$497	\$1,227	\$1,051	\$591	\$512	\$569
23	\$1,071	\$917	\$516	\$447	\$497	\$1,227	\$1,051	\$591	\$512	\$569
24	\$1,071	\$917	\$516	\$447	\$497	\$1,227	\$1,051	\$591	\$512	\$569
25	\$1,075	\$920	\$518	\$449	\$499	\$1,232	\$1,054	\$593	\$514	\$572
26	\$1,096	\$939	\$529	\$458	\$509	\$1,256	\$1,076	\$606	\$525	\$583
27	\$1,122	\$961	\$541	\$469	\$521	\$1,286	\$1,101	\$620	\$537	\$597
28	\$1,164	\$996	\$561	\$486	\$540	\$1,334	\$1,141	\$643	\$557	\$619
29	\$1,198	\$1,026	\$578	\$501	\$556	\$1,373	\$1,176	\$662	\$574	\$637
30	\$1,215	\$1,040	\$586	\$508	\$564	\$1,392	\$1,192	\$671	\$582	\$646
31	\$1,241	\$1,062	\$598	\$519	\$576	\$1,422	\$1,217	\$685	\$595	\$660
32	\$1,267	\$1,084	\$611	\$529	\$588	\$1,452	\$1,242	\$700	\$606	\$674
33	\$1,283	\$1,098	\$619	\$536	\$596	\$1,470	\$1,258	\$709	\$614	\$683
34	\$1,300	\$1,113	\$627	\$543	\$603	\$1,489	\$1,275	\$718	\$622	\$691
35	\$1,308	\$1,120	\$631	\$547	\$607	\$1,499	\$1,283	\$723	\$627	\$695
36	\$1,317	\$1,127	\$635	\$550	\$611	\$1,509	\$1,291	\$728	\$630	\$700
37	\$1,326	\$1,135	\$639	\$554	\$615	\$1,519	\$1,300	\$732	\$635	\$705
38	\$1,334	\$1,142	\$643	\$557	\$619	\$1,528	\$1,308	\$737	\$638	\$709
39	\$1,351	\$1,157	\$652	\$565	\$627	\$1,548	\$1,326	\$747	\$647	\$718
40	\$1,368	\$1,171	\$660	\$572	\$635	\$1,567	\$1,342	\$756	\$655	\$728
41	\$1,394	\$1,193	\$672	\$583	\$647	\$1,597	\$1,367	\$770	\$668	\$741
42	\$1,419	\$1,215	\$684	\$593	\$659	\$1,626	\$1,392	\$784	\$679	\$755
43	\$1,453	\$1,244	\$701	\$607	\$675	\$1,665	\$1,425	\$803	\$695	\$773
44	\$1,496	\$1,281	\$721	\$625	\$694	\$1,714	\$1,468	\$826	\$716	\$795
45	\$1,546	\$1,324	\$746	\$646	\$718	\$1,771	\$1,517	\$855	\$740	\$823
46	\$1,606	\$1,375	\$775	\$671	\$746	\$1,840	\$1,575	\$888	\$769	\$855
47	\$1,674	\$1,433	\$807	\$699	\$777	\$1,918	\$1,642	\$925	\$801	\$890
48	\$1,751	\$1,499	\$844	\$731	\$813	\$2,006	\$1,717	\$967	\$838	\$931
49	\$1,827	\$1,564	\$881	\$763	\$848	\$2,093	\$1,792	\$1,009	\$874	\$972
50	\$1,912	\$1,637	\$922	\$799	\$888	\$2,191	\$1,876	\$1,056	\$915	\$1,017
51	\$1,997	\$1,709	\$963	\$834	\$927	\$2,288	\$1,958	\$1,103	\$956	\$1,062
52	\$2,090	\$1,789	\$1,008	\$873	\$970	\$2,395	\$2,050	\$1,155	\$1,000	\$1,111
53	\$2,184	\$1,870	\$1,053	\$913	\$1,014	\$2,502	\$2,143	\$1,206	\$1,046	\$1,162
54	\$2,286	\$1,957	\$1,102	\$955	\$1,061	\$2,619	\$2,242	\$1,263	\$1,094	\$1,216
55	\$2,388	\$2,044	\$1,151	\$998	\$1,109	\$2,736	\$2,342	\$1,319	\$1,143	\$1,271
56	\$2,498	\$2,138	\$1,205	\$1,044	\$1,160	\$2,862	\$2,450	\$1,381	\$1,196	\$1,329
57	\$2,609	\$2,234	\$1,258	\$1,090	\$1,211	\$2,989	\$2,560	\$1,441	\$1,249	\$1,387
58	\$2,728	\$2,336	\$1,316	\$1,140	\$1,267	\$3,126	\$2,676	\$1,508	\$1,306	\$1,452
59	\$2,787	\$2,386	\$1,344	\$1,165	\$1,294	\$3,193	\$2,734	\$1,540	\$1,335	\$1,483
60	\$2,906	\$2,488	\$1,401	\$1,214	\$1,349	\$3,330	\$2,851	\$1,605	\$1,391	\$1,546
61	\$3,009	\$2,576	\$1,451	\$1,257	\$1,397	\$3,448	\$2,951	\$1,662	\$1,440	\$1,601
62	\$3,076	\$2,633	\$1,484	\$1,285	\$1,428	\$3,524	\$3,017	\$1,700	\$1,472	\$1,636
63	\$3,161	\$2,706	\$1,524	\$1,321	\$1,467	\$3,622	\$3,100	\$1,746	\$1,514	\$1,681
64	\$3,212	\$2,750	\$1,549	\$1,342	\$1,491	\$3,680	\$3,151	\$1,775	\$1,538	\$1,708
65+	\$3,212	\$2,750	\$1,549	\$1,342	\$1,491	\$3,680	\$3,151	\$1,775	\$1,538	\$1,708

**Washington State Health Insurance Pool (WSHIP)
2021 Monthly Premium Rates**

PREFERRED PROVIDER PLANS (PPO Plans)

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

Age	Non-Smoker Rates					Smoker Rates				
	Deductible					Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000	\$500	\$1,000	\$2,500	\$5,000	\$3000
0-14	\$891	\$762	\$430	\$372	\$413	\$891	\$762	\$430	\$372	\$413
15	\$970	\$831	\$468	\$406	\$450	\$970	\$831	\$468	\$406	\$450
16	\$1,001	\$856	\$483	\$418	\$464	\$1,001	\$856	\$483	\$418	\$464
17	\$1,031	\$882	\$497	\$431	\$479	\$1,031	\$882	\$497	\$431	\$479
18	\$1,064	\$910	\$512	\$444	\$494	\$1,064	\$910	\$512	\$444	\$494
19	\$1,096	\$939	\$529	\$458	\$509	\$1,096	\$939	\$529	\$458	\$509
20	\$1,130	\$967	\$545	\$472	\$524	\$1,130	\$967	\$545	\$472	\$524
21	\$1,165	\$997	\$561	\$486	\$541	\$1,335	\$1,142	\$643	\$557	\$620
22	\$1,165	\$997	\$561	\$486	\$541	\$1,335	\$1,142	\$643	\$557	\$620
23	\$1,165	\$997	\$561	\$486	\$541	\$1,335	\$1,142	\$643	\$557	\$620
24	\$1,165	\$997	\$561	\$486	\$541	\$1,335	\$1,142	\$643	\$557	\$620
25	\$1,169	\$1,001	\$563	\$488	\$543	\$1,339	\$1,147	\$645	\$559	\$622
26	\$1,192	\$1,021	\$575	\$498	\$554	\$1,366	\$1,170	\$659	\$571	\$635
27	\$1,220	\$1,045	\$588	\$510	\$567	\$1,398	\$1,197	\$674	\$584	\$650
28	\$1,266	\$1,083	\$610	\$529	\$587	\$1,451	\$1,241	\$699	\$606	\$673
29	\$1,303	\$1,116	\$629	\$545	\$605	\$1,493	\$1,279	\$721	\$624	\$693
30	\$1,321	\$1,131	\$637	\$552	\$613	\$1,514	\$1,296	\$730	\$632	\$702
31	\$1,350	\$1,155	\$650	\$564	\$626	\$1,547	\$1,323	\$745	\$646	\$717
32	\$1,378	\$1,179	\$664	\$575	\$639	\$1,579	\$1,351	\$761	\$659	\$732
33	\$1,395	\$1,194	\$673	\$583	\$648	\$1,598	\$1,368	\$771	\$668	\$742
34	\$1,414	\$1,210	\$682	\$591	\$656	\$1,620	\$1,386	\$781	\$677	\$752
35	\$1,423	\$1,218	\$686	\$595	\$660	\$1,630	\$1,396	\$786	\$682	\$756
36	\$1,432	\$1,226	\$691	\$598	\$664	\$1,641	\$1,405	\$792	\$685	\$761
37	\$1,442	\$1,234	\$695	\$602	\$669	\$1,652	\$1,414	\$796	\$690	\$766
38	\$1,451	\$1,242	\$699	\$606	\$673	\$1,662	\$1,423	\$801	\$694	\$771
39	\$1,469	\$1,258	\$709	\$614	\$682	\$1,683	\$1,441	\$812	\$703	\$781
40	\$1,488	\$1,274	\$718	\$622	\$691	\$1,705	\$1,460	\$823	\$713	\$792
41	\$1,516	\$1,297	\$731	\$634	\$704	\$1,737	\$1,486	\$838	\$726	\$807
42	\$1,543	\$1,321	\$744	\$645	\$717	\$1,768	\$1,514	\$852	\$739	\$821
43	\$1,580	\$1,353	\$762	\$660	\$734	\$1,810	\$1,550	\$873	\$756	\$841
44	\$1,627	\$1,393	\$784	\$680	\$755	\$1,864	\$1,596	\$898	\$779	\$865
45	\$1,681	\$1,440	\$811	\$703	\$781	\$1,926	\$1,650	\$929	\$805	\$895
46	\$1,747	\$1,495	\$843	\$730	\$811	\$2,002	\$1,713	\$966	\$836	\$929
47	\$1,821	\$1,558	\$878	\$760	\$845	\$2,086	\$1,785	\$1,006	\$871	\$968
48	\$1,904	\$1,630	\$918	\$795	\$884	\$2,181	\$1,868	\$1,052	\$911	\$1,013
49	\$1,987	\$1,701	\$958	\$830	\$922	\$2,277	\$1,949	\$1,098	\$951	\$1,056
50	\$2,079	\$1,780	\$1,003	\$869	\$966	\$2,382	\$2,039	\$1,149	\$996	\$1,107
51	\$2,172	\$1,859	\$1,047	\$907	\$1,008	\$2,489	\$2,130	\$1,200	\$1,039	\$1,155
52	\$2,273	\$1,946	\$1,096	\$949	\$1,055	\$2,604	\$2,230	\$1,256	\$1,087	\$1,209
53	\$2,375	\$2,034	\$1,145	\$993	\$1,103	\$2,721	\$2,330	\$1,312	\$1,138	\$1,264
54	\$2,486	\$2,128	\$1,198	\$1,039	\$1,154	\$2,848	\$2,438	\$1,373	\$1,190	\$1,322
55	\$2,597	\$2,223	\$1,252	\$1,085	\$1,206	\$2,975	\$2,547	\$1,434	\$1,243	\$1,382
56	\$2,717	\$2,325	\$1,310	\$1,135	\$1,262	\$3,113	\$2,664	\$1,501	\$1,300	\$1,446
57	\$2,837	\$2,430	\$1,368	\$1,185	\$1,317	\$3,250	\$2,784	\$1,567	\$1,358	\$1,509
58	\$2,967	\$2,541	\$1,431	\$1,240	\$1,378	\$3,399	\$2,911	\$1,640	\$1,421	\$1,579
59	\$3,031	\$2,595	\$1,462	\$1,267	\$1,407	\$3,473	\$2,973	\$1,675	\$1,452	\$1,612
60	\$3,160	\$2,706	\$1,524	\$1,320	\$1,467	\$3,621	\$3,100	\$1,746	\$1,512	\$1,681
61	\$3,272	\$2,802	\$1,578	\$1,367	\$1,519	\$3,749	\$3,210	\$1,808	\$1,566	\$1,740
62	\$3,345	\$2,864	\$1,614	\$1,397	\$1,553	\$3,832	\$3,281	\$1,849	\$1,601	\$1,779
63	\$3,438	\$2,943	\$1,657	\$1,437	\$1,595	\$3,939	\$3,372	\$1,898	\$1,646	\$1,827
64	\$3,493	\$2,991	\$1,685	\$1,459	\$1,622	\$4,002	\$3,427	\$1,931	\$1,672	\$1,858
65+	\$3,493	\$2,991	\$1,685	\$1,459	\$1,622	\$4,002	\$3,427	\$1,931	\$1,672	\$1,858

**Washington State Health Insurance Pool (WSHIP)
2021 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	\$900	\$770	\$434	\$376	\$418	\$900	\$770	\$434	\$376	\$418
15	\$980	\$840	\$473	\$410	\$455	\$980	\$840	\$473	\$410	\$455
16	\$1,011	\$865	\$488	\$422	\$469	\$1,011	\$865	\$488	\$422	\$469
17	\$1,042	\$891	\$502	\$435	\$484	\$1,042	\$891	\$502	\$435	\$484
18	\$1,075	\$920	\$518	\$448	\$499	\$1,075	\$920	\$518	\$448	\$499
19	\$1,108	\$948	\$534	\$463	\$514	\$1,108	\$948	\$534	\$463	\$514
20	\$1,142	\$977	\$551	\$477	\$530	\$1,142	\$977	\$551	\$477	\$530
21	\$1,177	\$1,008	\$567	\$491	\$546	\$1,349	\$1,155	\$650	\$563	\$626
22	\$1,177	\$1,008	\$567	\$491	\$546	\$1,349	\$1,155	\$650	\$563	\$626
23	\$1,177	\$1,008	\$567	\$491	\$546	\$1,349	\$1,155	\$650	\$563	\$626
24	\$1,177	\$1,008	\$567	\$491	\$546	\$1,349	\$1,155	\$650	\$563	\$626
25	\$1,181	\$1,011	\$569	\$493	\$548	\$1,353	\$1,158	\$652	\$565	\$628
26	\$1,204	\$1,032	\$581	\$503	\$559	\$1,379	\$1,182	\$666	\$576	\$640
27	\$1,233	\$1,056	\$595	\$515	\$573	\$1,413	\$1,210	\$682	\$590	\$657
28	\$1,279	\$1,095	\$617	\$534	\$593	\$1,465	\$1,255	\$707	\$612	\$679
29	\$1,317	\$1,128	\$635	\$551	\$611	\$1,509	\$1,292	\$728	\$631	\$700
30	\$1,335	\$1,143	\$644	\$558	\$620	\$1,530	\$1,310	\$738	\$639	\$710
31	\$1,364	\$1,167	\$657	\$570	\$633	\$1,563	\$1,337	\$753	\$653	\$725
32	\$1,392	\$1,191	\$671	\$581	\$646	\$1,595	\$1,365	\$769	\$666	\$740
33	\$1,410	\$1,207	\$680	\$589	\$655	\$1,615	\$1,383	\$779	\$675	\$750
34	\$1,429	\$1,223	\$689	\$597	\$663	\$1,637	\$1,401	\$789	\$684	\$760
35	\$1,437	\$1,231	\$693	\$601	\$667	\$1,646	\$1,410	\$794	\$689	\$764
36	\$1,447	\$1,239	\$698	\$604	\$671	\$1,658	\$1,420	\$800	\$692	\$769
37	\$1,457	\$1,247	\$702	\$609	\$676	\$1,669	\$1,429	\$804	\$698	\$775
38	\$1,466	\$1,255	\$707	\$612	\$680	\$1,680	\$1,438	\$810	\$701	\$779
39	\$1,485	\$1,272	\$717	\$621	\$689	\$1,701	\$1,457	\$821	\$712	\$789
40	\$1,503	\$1,287	\$725	\$629	\$698	\$1,722	\$1,475	\$831	\$721	\$800
41	\$1,532	\$1,311	\$739	\$641	\$711	\$1,755	\$1,502	\$847	\$734	\$815
42	\$1,559	\$1,335	\$752	\$652	\$724	\$1,786	\$1,530	\$862	\$747	\$830
43	\$1,597	\$1,367	\$770	\$667	\$742	\$1,830	\$1,566	\$882	\$764	\$850
44	\$1,644	\$1,408	\$792	\$687	\$763	\$1,884	\$1,613	\$907	\$787	\$874
45	\$1,699	\$1,455	\$820	\$710	\$789	\$1,947	\$1,667	\$940	\$813	\$904
46	\$1,765	\$1,511	\$852	\$737	\$820	\$2,022	\$1,731	\$976	\$844	\$940
47	\$1,840	\$1,575	\$887	\$768	\$854	\$2,108	\$1,805	\$1,016	\$880	\$978
48	\$1,924	\$1,647	\$928	\$803	\$893	\$2,204	\$1,887	\$1,063	\$920	\$1,023
49	\$2,008	\$1,719	\$968	\$839	\$932	\$2,301	\$1,970	\$1,109	\$961	\$1,068
50	\$2,101	\$1,799	\$1,013	\$878	\$976	\$2,407	\$2,061	\$1,161	\$1,006	\$1,118
51	\$2,195	\$1,878	\$1,058	\$917	\$1,019	\$2,515	\$2,152	\$1,212	\$1,051	\$1,168
52	\$2,297	\$1,966	\$1,108	\$959	\$1,066	\$2,632	\$2,253	\$1,269	\$1,099	\$1,221
53	\$2,400	\$2,055	\$1,157	\$1,003	\$1,114	\$2,750	\$2,354	\$1,326	\$1,149	\$1,276
54	\$2,512	\$2,151	\$1,211	\$1,050	\$1,166	\$2,878	\$2,464	\$1,387	\$1,203	\$1,336
55	\$2,624	\$2,246	\$1,265	\$1,097	\$1,219	\$3,006	\$2,573	\$1,449	\$1,257	\$1,397
56	\$2,745	\$2,350	\$1,324	\$1,147	\$1,275	\$3,145	\$2,692	\$1,517	\$1,314	\$1,461
57	\$2,867	\$2,455	\$1,383	\$1,198	\$1,331	\$3,285	\$2,813	\$1,585	\$1,373	\$1,525
58	\$2,998	\$2,567	\$1,446	\$1,253	\$1,392	\$3,435	\$2,941	\$1,657	\$1,436	\$1,595
59	\$3,063	\$2,622	\$1,477	\$1,280	\$1,422	\$3,509	\$3,004	\$1,692	\$1,467	\$1,629
60	\$3,194	\$2,734	\$1,540	\$1,334	\$1,483	\$3,659	\$3,132	\$1,764	\$1,528	\$1,699
61	\$3,307	\$2,831	\$1,595	\$1,381	\$1,535	\$3,789	\$3,244	\$1,827	\$1,582	\$1,759
62	\$3,380	\$2,894	\$1,631	\$1,412	\$1,569	\$3,873	\$3,316	\$1,869	\$1,618	\$1,798
63	\$3,474	\$2,974	\$1,675	\$1,452	\$1,612	\$3,980	\$3,407	\$1,919	\$1,664	\$1,847
64	\$3,530	\$3,022	\$1,702	\$1,475	\$1,639	\$4,044	\$3,462	\$1,950	\$1,690	\$1,878
65+	\$3,530	\$3,022	\$1,702	\$1,475	\$1,639	\$4,044	\$3,462	\$1,950	\$1,690	\$1,878

**Washington State Health Insurance Pool (WSHIP)
2021 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	\$819	\$701	\$395	\$342	\$380	\$819	\$701	\$395	\$342	\$380
15	\$892	\$764	\$430	\$373	\$414	\$892	\$764	\$430	\$373	\$414
16	\$919	\$787	\$444	\$384	\$427	\$919	\$787	\$444	\$384	\$427
17	\$947	\$811	\$457	\$396	\$440	\$947	\$811	\$457	\$396	\$440
18	\$977	\$837	\$471	\$408	\$454	\$977	\$837	\$471	\$408	\$454
19	\$1,007	\$863	\$486	\$421	\$468	\$1,007	\$863	\$486	\$421	\$468
20	\$1,038	\$889	\$501	\$434	\$482	\$1,038	\$889	\$501	\$434	\$482
21	\$1,070	\$916	\$516	\$447	\$497	\$1,226	\$1,049	\$591	\$512	\$569
22	\$1,070	\$916	\$516	\$447	\$497	\$1,226	\$1,049	\$591	\$512	\$569
23	\$1,070	\$916	\$516	\$447	\$497	\$1,226	\$1,049	\$591	\$512	\$569
24	\$1,070	\$916	\$516	\$447	\$497	\$1,226	\$1,049	\$591	\$512	\$569
25	\$1,074	\$919	\$518	\$449	\$499	\$1,231	\$1,053	\$593	\$514	\$572
26	\$1,095	\$938	\$529	\$458	\$509	\$1,255	\$1,075	\$606	\$525	\$583
27	\$1,121	\$960	\$541	\$469	\$521	\$1,284	\$1,100	\$620	\$537	\$597
28	\$1,163	\$995	\$561	\$486	\$540	\$1,332	\$1,140	\$643	\$557	\$619
29	\$1,197	\$1,025	\$578	\$501	\$556	\$1,371	\$1,174	\$662	\$574	\$637
30	\$1,214	\$1,039	\$586	\$508	\$564	\$1,391	\$1,190	\$671	\$582	\$646
31	\$1,240	\$1,061	\$598	\$519	\$576	\$1,421	\$1,216	\$685	\$595	\$660
32	\$1,266	\$1,083	\$611	\$529	\$588	\$1,451	\$1,241	\$700	\$606	\$674
33	\$1,282	\$1,097	\$619	\$536	\$596	\$1,469	\$1,257	\$709	\$614	\$683
34	\$1,299	\$1,112	\$627	\$543	\$603	\$1,488	\$1,274	\$718	\$622	\$691
35	\$1,307	\$1,119	\$631	\$547	\$607	\$1,497	\$1,282	\$723	\$627	\$695
36	\$1,316	\$1,126	\$635	\$550	\$611	\$1,508	\$1,290	\$728	\$630	\$700
37	\$1,325	\$1,134	\$639	\$554	\$615	\$1,518	\$1,299	\$732	\$635	\$705
38	\$1,333	\$1,141	\$643	\$557	\$619	\$1,527	\$1,307	\$737	\$638	\$709
39	\$1,350	\$1,156	\$652	\$565	\$627	\$1,547	\$1,324	\$747	\$647	\$718
40	\$1,367	\$1,170	\$660	\$572	\$635	\$1,566	\$1,341	\$756	\$655	\$728
41	\$1,393	\$1,192	\$672	\$583	\$647	\$1,596	\$1,366	\$770	\$668	\$741
42	\$1,418	\$1,214	\$684	\$593	\$659	\$1,625	\$1,391	\$784	\$679	\$755
43	\$1,452	\$1,243	\$701	\$607	\$675	\$1,664	\$1,424	\$803	\$695	\$773
44	\$1,495	\$1,280	\$721	\$625	\$694	\$1,713	\$1,467	\$826	\$716	\$795
45	\$1,545	\$1,323	\$746	\$646	\$718	\$1,770	\$1,516	\$855	\$740	\$823
46	\$1,605	\$1,374	\$775	\$671	\$746	\$1,839	\$1,574	\$888	\$769	\$855
47	\$1,673	\$1,432	\$807	\$699	\$777	\$1,917	\$1,641	\$925	\$801	\$890
48	\$1,750	\$1,498	\$844	\$731	\$813	\$2,005	\$1,716	\$967	\$838	\$931
49	\$1,826	\$1,563	\$881	\$763	\$848	\$2,092	\$1,791	\$1,009	\$874	\$972
50	\$1,911	\$1,636	\$921	\$799	\$888	\$2,190	\$1,874	\$1,055	\$915	\$1,017
51	\$1,996	\$1,708	\$962	\$834	\$926	\$2,287	\$1,957	\$1,102	\$956	\$1,061
52	\$2,089	\$1,788	\$1,007	\$873	\$969	\$2,393	\$2,049	\$1,154	\$1,000	\$1,110
53	\$2,183	\$1,869	\$1,052	\$912	\$1,013	\$2,501	\$2,141	\$1,205	\$1,045	\$1,161
54	\$2,285	\$1,956	\$1,101	\$954	\$1,060	\$2,618	\$2,241	\$1,261	\$1,093	\$1,214
55	\$2,387	\$2,043	\$1,150	\$997	\$1,108	\$2,735	\$2,341	\$1,318	\$1,142	\$1,269
56	\$2,497	\$2,137	\$1,204	\$1,043	\$1,159	\$2,861	\$2,448	\$1,379	\$1,195	\$1,328
57	\$2,608	\$2,233	\$1,257	\$1,089	\$1,210	\$2,988	\$2,558	\$1,440	\$1,248	\$1,386
58	\$2,726	\$2,335	\$1,315	\$1,139	\$1,266	\$3,123	\$2,675	\$1,507	\$1,305	\$1,451
59	\$2,785	\$2,385	\$1,343	\$1,164	\$1,293	\$3,191	\$2,733	\$1,539	\$1,334	\$1,481
60	\$2,904	\$2,487	\$1,400	\$1,213	\$1,348	\$3,327	\$2,849	\$1,604	\$1,390	\$1,544
61	\$3,007	\$2,575	\$1,450	\$1,256	\$1,396	\$3,445	\$2,950	\$1,661	\$1,439	\$1,599
62	\$3,074	\$2,632	\$1,483	\$1,284	\$1,427	\$3,522	\$3,016	\$1,699	\$1,471	\$1,635
63	\$3,159	\$2,704	\$1,523	\$1,320	\$1,466	\$3,619	\$3,098	\$1,745	\$1,512	\$1,680
64	\$3,210	\$2,748	\$1,548	\$1,341	\$1,490	\$3,678	\$3,148	\$1,774	\$1,536	\$1,707
65+	\$3,210	\$2,748	\$1,548	\$1,341	\$1,490	\$3,678	\$3,148	\$1,774	\$1,536	\$1,707

**Washington State Health Insurance Pool (WSHIP)
2021 Monthly Premium Rates**

PREFERRED PROVIDER PLANS (PPO Plans)

Area 5: Mason, Pierce, and Thurston Counties

Age	Non-Smoker Rates					Smoker Rates				
	Deductible					Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000	\$500	\$1,000	\$2,500	\$5,000	\$3000
0-14	\$874	\$748	\$422	\$365	\$406	\$874	\$748	\$422	\$365	\$406
15	\$952	\$816	\$459	\$398	\$442	\$952	\$816	\$459	\$398	\$442
16	\$982	\$840	\$474	\$410	\$456	\$982	\$840	\$474	\$410	\$456
17	\$1,012	\$866	\$488	\$423	\$470	\$1,012	\$866	\$488	\$423	\$470
18	\$1,044	\$893	\$503	\$436	\$485	\$1,044	\$893	\$503	\$436	\$485
19	\$1,076	\$921	\$519	\$449	\$500	\$1,076	\$921	\$519	\$449	\$500
20	\$1,109	\$949	\$535	\$463	\$515	\$1,109	\$949	\$535	\$463	\$515
21	\$1,143	\$979	\$551	\$477	\$531	\$1,310	\$1,122	\$631	\$547	\$608
22	\$1,143	\$979	\$551	\$477	\$531	\$1,310	\$1,122	\$631	\$547	\$608
23	\$1,143	\$979	\$551	\$477	\$531	\$1,310	\$1,122	\$631	\$547	\$608
24	\$1,143	\$979	\$551	\$477	\$531	\$1,310	\$1,122	\$631	\$547	\$608
25	\$1,148	\$982	\$553	\$479	\$533	\$1,315	\$1,125	\$634	\$549	\$611
26	\$1,170	\$1,002	\$565	\$489	\$543	\$1,341	\$1,148	\$647	\$560	\$622
27	\$1,198	\$1,026	\$578	\$501	\$556	\$1,373	\$1,176	\$662	\$574	\$637
28	\$1,243	\$1,063	\$599	\$519	\$576	\$1,424	\$1,218	\$686	\$595	\$660
29	\$1,279	\$1,095	\$617	\$535	\$594	\$1,465	\$1,255	\$707	\$613	\$681
30	\$1,297	\$1,110	\$626	\$542	\$602	\$1,486	\$1,272	\$717	\$621	\$690
31	\$1,325	\$1,134	\$638	\$554	\$615	\$1,518	\$1,299	\$731	\$635	\$705
32	\$1,352	\$1,157	\$652	\$565	\$628	\$1,549	\$1,326	\$747	\$647	\$720
33	\$1,370	\$1,172	\$661	\$572	\$636	\$1,570	\$1,343	\$757	\$655	\$729
34	\$1,388	\$1,188	\$669	\$580	\$644	\$1,590	\$1,361	\$766	\$665	\$738
35	\$1,396	\$1,196	\$674	\$584	\$648	\$1,599	\$1,370	\$772	\$669	\$742
36	\$1,406	\$1,203	\$678	\$587	\$652	\$1,611	\$1,378	\$777	\$673	\$747
37	\$1,415	\$1,212	\$682	\$591	\$656	\$1,621	\$1,389	\$781	\$677	\$752
38	\$1,424	\$1,219	\$686	\$595	\$661	\$1,632	\$1,397	\$786	\$682	\$757
39	\$1,442	\$1,235	\$696	\$603	\$669	\$1,652	\$1,415	\$797	\$691	\$766
40	\$1,460	\$1,250	\$705	\$611	\$678	\$1,673	\$1,432	\$808	\$700	\$777
41	\$1,488	\$1,273	\$717	\$622	\$691	\$1,705	\$1,459	\$821	\$713	\$792
42	\$1,515	\$1,297	\$730	\$633	\$703	\$1,736	\$1,486	\$836	\$725	\$805
43	\$1,551	\$1,328	\$748	\$648	\$721	\$1,777	\$1,522	\$857	\$742	\$826
44	\$1,597	\$1,367	\$770	\$667	\$741	\$1,830	\$1,566	\$882	\$764	\$849
45	\$1,650	\$1,413	\$796	\$690	\$766	\$1,890	\$1,619	\$912	\$791	\$878
46	\$1,714	\$1,468	\$827	\$716	\$796	\$1,964	\$1,682	\$948	\$820	\$912
47	\$1,787	\$1,530	\$861	\$746	\$829	\$2,047	\$1,753	\$986	\$855	\$950
48	\$1,869	\$1,600	\$901	\$780	\$868	\$2,141	\$1,833	\$1,032	\$894	\$994
49	\$1,950	\$1,670	\$940	\$814	\$905	\$2,234	\$1,913	\$1,077	\$933	\$1,037
50	\$2,041	\$1,747	\$984	\$853	\$948	\$2,338	\$2,002	\$1,127	\$977	\$1,086
51	\$2,132	\$1,824	\$1,028	\$890	\$990	\$2,443	\$2,090	\$1,178	\$1,020	\$1,134
52	\$2,231	\$1,910	\$1,076	\$932	\$1,035	\$2,556	\$2,188	\$1,233	\$1,068	\$1,186
53	\$2,331	\$1,996	\$1,124	\$975	\$1,082	\$2,671	\$2,287	\$1,288	\$1,117	\$1,240
54	\$2,440	\$2,089	\$1,176	\$1,019	\$1,133	\$2,796	\$2,393	\$1,347	\$1,168	\$1,298
55	\$2,549	\$2,182	\$1,229	\$1,065	\$1,184	\$2,920	\$2,500	\$1,408	\$1,220	\$1,357
56	\$2,667	\$2,282	\$1,286	\$1,114	\$1,238	\$3,056	\$2,615	\$1,473	\$1,276	\$1,418
57	\$2,785	\$2,385	\$1,343	\$1,164	\$1,293	\$3,191	\$2,733	\$1,539	\$1,334	\$1,481
58	\$2,912	\$2,494	\$1,405	\$1,217	\$1,352	\$3,336	\$2,857	\$1,610	\$1,394	\$1,549
59	\$2,975	\$2,547	\$1,435	\$1,244	\$1,381	\$3,409	\$2,918	\$1,644	\$1,425	\$1,582
60	\$3,102	\$2,656	\$1,496	\$1,296	\$1,440	\$3,554	\$3,043	\$1,714	\$1,485	\$1,650
61	\$3,212	\$2,750	\$1,549	\$1,342	\$1,491	\$3,680	\$3,151	\$1,775	\$1,538	\$1,708
62	\$3,284	\$2,811	\$1,584	\$1,372	\$1,524	\$3,763	\$3,221	\$1,815	\$1,572	\$1,746
63	\$3,374	\$2,889	\$1,627	\$1,410	\$1,566	\$3,866	\$3,310	\$1,864	\$1,615	\$1,794
64	\$3,429	\$2,936	\$1,654	\$1,433	\$1,592	\$3,929	\$3,364	\$1,895	\$1,642	\$1,824
65+	\$3,429	\$2,936	\$1,654	\$1,433	\$1,592	\$3,929	\$3,364	\$1,895	\$1,642	\$1,824

**Washington State Health Insurance Pool (WSHIP)
2021 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	\$847	\$725	\$408	\$354	\$393	\$847	\$725	\$408	\$354	\$393
15	\$922	\$790	\$445	\$386	\$428	\$922	\$790	\$445	\$386	\$428
16	\$951	\$814	\$459	\$397	\$441	\$951	\$814	\$459	\$397	\$441
17	\$980	\$838	\$472	\$409	\$455	\$980	\$838	\$472	\$409	\$455
18	\$1,011	\$865	\$487	\$422	\$469	\$1,011	\$865	\$487	\$422	\$469
19	\$1,042	\$892	\$502	\$435	\$484	\$1,042	\$892	\$502	\$435	\$484
20	\$1,074	\$919	\$518	\$449	\$498	\$1,074	\$919	\$518	\$449	\$498
21	\$1,107	\$948	\$533	\$462	\$514	\$1,268	\$1,086	\$611	\$529	\$589
22	\$1,107	\$948	\$533	\$462	\$514	\$1,268	\$1,086	\$611	\$529	\$589
23	\$1,107	\$948	\$533	\$462	\$514	\$1,268	\$1,086	\$611	\$529	\$589
24	\$1,107	\$948	\$533	\$462	\$514	\$1,268	\$1,086	\$611	\$529	\$589
25	\$1,111	\$951	\$536	\$464	\$516	\$1,273	\$1,090	\$614	\$532	\$591
26	\$1,133	\$971	\$547	\$474	\$526	\$1,298	\$1,113	\$627	\$543	\$603
27	\$1,160	\$994	\$559	\$485	\$539	\$1,329	\$1,139	\$640	\$556	\$618
28	\$1,203	\$1,030	\$580	\$502	\$558	\$1,378	\$1,180	\$665	\$575	\$639
29	\$1,239	\$1,061	\$598	\$518	\$575	\$1,420	\$1,216	\$685	\$593	\$659
30	\$1,256	\$1,075	\$606	\$525	\$583	\$1,439	\$1,232	\$694	\$602	\$668
31	\$1,283	\$1,098	\$618	\$537	\$595	\$1,470	\$1,258	\$708	\$615	\$682
32	\$1,310	\$1,121	\$632	\$547	\$608	\$1,501	\$1,284	\$724	\$627	\$697
33	\$1,326	\$1,135	\$640	\$554	\$616	\$1,519	\$1,300	\$733	\$635	\$706
34	\$1,344	\$1,151	\$648	\$561	\$623	\$1,540	\$1,319	\$742	\$643	\$714
35	\$1,352	\$1,158	\$652	\$566	\$628	\$1,549	\$1,327	\$747	\$648	\$720
36	\$1,362	\$1,165	\$656	\$569	\$632	\$1,560	\$1,335	\$752	\$652	\$724
37	\$1,371	\$1,173	\$661	\$573	\$636	\$1,571	\$1,344	\$757	\$657	\$729
38	\$1,379	\$1,181	\$665	\$576	\$640	\$1,580	\$1,353	\$762	\$660	\$733
39	\$1,397	\$1,196	\$674	\$584	\$648	\$1,601	\$1,370	\$772	\$669	\$742
40	\$1,414	\$1,211	\$682	\$591	\$656	\$1,620	\$1,387	\$781	\$677	\$752
41	\$1,441	\$1,233	\$695	\$603	\$669	\$1,651	\$1,413	\$796	\$691	\$766
42	\$1,467	\$1,256	\$707	\$613	\$681	\$1,681	\$1,439	\$810	\$702	\$780
43	\$1,502	\$1,286	\$725	\$628	\$698	\$1,721	\$1,473	\$831	\$720	\$800
44	\$1,547	\$1,324	\$745	\$646	\$717	\$1,772	\$1,517	\$854	\$740	\$821
45	\$1,598	\$1,369	\$771	\$668	\$742	\$1,831	\$1,569	\$883	\$765	\$850
46	\$1,660	\$1,422	\$801	\$694	\$771	\$1,902	\$1,629	\$918	\$795	\$883
47	\$1,731	\$1,481	\$834	\$723	\$803	\$1,983	\$1,697	\$956	\$828	\$920
48	\$1,810	\$1,550	\$873	\$756	\$841	\$2,074	\$1,776	\$1,000	\$866	\$964
49	\$1,889	\$1,617	\$911	\$789	\$877	\$2,164	\$1,853	\$1,044	\$904	\$1,005
50	\$1,977	\$1,692	\$953	\$826	\$918	\$2,265	\$1,939	\$1,092	\$946	\$1,052
51	\$2,065	\$1,767	\$996	\$862	\$958	\$2,366	\$2,025	\$1,141	\$988	\$1,098
52	\$2,161	\$1,850	\$1,042	\$903	\$1,003	\$2,476	\$2,120	\$1,194	\$1,035	\$1,149
53	\$2,258	\$1,933	\$1,089	\$944	\$1,048	\$2,587	\$2,215	\$1,248	\$1,082	\$1,201
54	\$2,363	\$2,023	\$1,139	\$987	\$1,097	\$2,707	\$2,318	\$1,305	\$1,131	\$1,257
55	\$2,469	\$2,113	\$1,190	\$1,032	\$1,147	\$2,829	\$2,421	\$1,363	\$1,182	\$1,314
56	\$2,583	\$2,210	\$1,246	\$1,079	\$1,199	\$2,959	\$2,532	\$1,428	\$1,236	\$1,374
57	\$2,697	\$2,310	\$1,301	\$1,127	\$1,252	\$3,090	\$2,647	\$1,491	\$1,291	\$1,434
58	\$2,820	\$2,415	\$1,361	\$1,179	\$1,310	\$3,231	\$2,767	\$1,559	\$1,351	\$1,501
59	\$2,881	\$2,467	\$1,389	\$1,204	\$1,338	\$3,301	\$2,827	\$1,591	\$1,379	\$1,533
60	\$3,004	\$2,572	\$1,448	\$1,255	\$1,395	\$3,442	\$2,947	\$1,659	\$1,438	\$1,598
61	\$3,111	\$2,663	\$1,500	\$1,300	\$1,444	\$3,564	\$3,051	\$1,719	\$1,489	\$1,654
62	\$3,180	\$2,722	\$1,534	\$1,328	\$1,476	\$3,643	\$3,119	\$1,758	\$1,522	\$1,691
63	\$3,268	\$2,798	\$1,576	\$1,366	\$1,517	\$3,744	\$3,206	\$1,806	\$1,565	\$1,738
64	\$3,321	\$2,843	\$1,601	\$1,387	\$1,541	\$3,805	\$3,257	\$1,834	\$1,589	\$1,766
65+	\$3,321	\$2,843	\$1,601	\$1,387	\$1,541	\$3,805	\$3,257	\$1,834	\$1,589	\$1,766

**Washington State Health Insurance Pool (WSHIP)
2021 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	\$814	\$696	\$392	\$340	\$378	\$814	\$696	\$392	\$340	\$378
15	\$886	\$759	\$427	\$371	\$411	\$886	\$759	\$427	\$371	\$411
16	\$914	\$782	\$441	\$381	\$424	\$914	\$782	\$441	\$381	\$424
17	\$942	\$806	\$454	\$393	\$437	\$942	\$806	\$454	\$393	\$437
18	\$972	\$832	\$468	\$405	\$451	\$972	\$832	\$468	\$405	\$451
19	\$1,001	\$857	\$483	\$418	\$465	\$1,001	\$857	\$483	\$418	\$465
20	\$1,032	\$883	\$498	\$431	\$479	\$1,032	\$883	\$498	\$431	\$479
21	\$1,064	\$911	\$513	\$444	\$494	\$1,219	\$1,044	\$588	\$509	\$566
22	\$1,064	\$911	\$513	\$444	\$494	\$1,219	\$1,044	\$588	\$509	\$566
23	\$1,064	\$911	\$513	\$444	\$494	\$1,219	\$1,044	\$588	\$509	\$566
24	\$1,064	\$911	\$513	\$444	\$494	\$1,219	\$1,044	\$588	\$509	\$566
25	\$1,068	\$914	\$515	\$446	\$496	\$1,224	\$1,047	\$590	\$511	\$568
26	\$1,089	\$933	\$526	\$455	\$506	\$1,248	\$1,069	\$603	\$521	\$580
27	\$1,115	\$955	\$537	\$466	\$518	\$1,277	\$1,094	\$615	\$534	\$593
28	\$1,156	\$989	\$557	\$483	\$536	\$1,324	\$1,133	\$638	\$553	\$614
29	\$1,190	\$1,019	\$574	\$498	\$552	\$1,363	\$1,168	\$658	\$571	\$632
30	\$1,207	\$1,033	\$582	\$505	\$560	\$1,383	\$1,184	\$667	\$579	\$642
31	\$1,233	\$1,055	\$594	\$516	\$572	\$1,413	\$1,209	\$681	\$591	\$655
32	\$1,259	\$1,077	\$607	\$526	\$584	\$1,442	\$1,234	\$695	\$603	\$669
33	\$1,275	\$1,091	\$615	\$533	\$592	\$1,461	\$1,250	\$705	\$611	\$678
34	\$1,292	\$1,106	\$623	\$539	\$599	\$1,480	\$1,267	\$714	\$618	\$686
35	\$1,299	\$1,113	\$627	\$543	\$603	\$1,488	\$1,275	\$718	\$622	\$691
36	\$1,308	\$1,120	\$631	\$546	\$607	\$1,499	\$1,283	\$723	\$626	\$695
37	\$1,317	\$1,128	\$635	\$550	\$611	\$1,509	\$1,292	\$728	\$630	\$700
38	\$1,325	\$1,135	\$639	\$553	\$615	\$1,518	\$1,300	\$732	\$634	\$705
39	\$1,342	\$1,149	\$648	\$561	\$623	\$1,538	\$1,316	\$742	\$643	\$714
40	\$1,359	\$1,163	\$656	\$568	\$631	\$1,557	\$1,332	\$752	\$651	\$723
41	\$1,385	\$1,185	\$668	\$579	\$643	\$1,587	\$1,358	\$765	\$663	\$737
42	\$1,410	\$1,207	\$680	\$589	\$655	\$1,615	\$1,383	\$779	\$675	\$750
43	\$1,444	\$1,236	\$696	\$603	\$671	\$1,654	\$1,416	\$797	\$691	\$769
44	\$1,486	\$1,273	\$716	\$621	\$689	\$1,703	\$1,459	\$820	\$712	\$789
45	\$1,536	\$1,315	\$741	\$642	\$713	\$1,760	\$1,507	\$849	\$736	\$817
46	\$1,596	\$1,366	\$770	\$667	\$741	\$1,829	\$1,565	\$882	\$764	\$849
47	\$1,663	\$1,424	\$802	\$694	\$772	\$1,905	\$1,632	\$919	\$795	\$885
48	\$1,740	\$1,489	\$838	\$726	\$808	\$1,994	\$1,706	\$960	\$832	\$926
49	\$1,815	\$1,554	\$875	\$758	\$842	\$2,080	\$1,780	\$1,003	\$868	\$965
50	\$1,900	\$1,626	\$916	\$794	\$882	\$2,177	\$1,863	\$1,049	\$910	\$1,011
51	\$1,984	\$1,698	\$957	\$829	\$921	\$2,273	\$1,945	\$1,096	\$950	\$1,055
52	\$2,076	\$1,777	\$1,001	\$867	\$964	\$2,379	\$2,036	\$1,147	\$993	\$1,104
53	\$2,170	\$1,858	\$1,046	\$907	\$1,007	\$2,486	\$2,129	\$1,198	\$1,039	\$1,154
54	\$2,271	\$1,944	\$1,095	\$949	\$1,054	\$2,602	\$2,227	\$1,255	\$1,087	\$1,208
55	\$2,372	\$2,031	\$1,143	\$991	\$1,102	\$2,718	\$2,327	\$1,310	\$1,135	\$1,263
56	\$2,482	\$2,124	\$1,197	\$1,037	\$1,152	\$2,844	\$2,434	\$1,371	\$1,188	\$1,320
57	\$2,592	\$2,219	\$1,250	\$1,083	\$1,203	\$2,970	\$2,542	\$1,432	\$1,241	\$1,378
58	\$2,710	\$2,321	\$1,307	\$1,133	\$1,259	\$3,105	\$2,659	\$1,497	\$1,298	\$1,442
59	\$2,769	\$2,370	\$1,335	\$1,157	\$1,286	\$3,173	\$2,715	\$1,530	\$1,326	\$1,473
60	\$2,887	\$2,472	\$1,392	\$1,206	\$1,340	\$3,308	\$2,832	\$1,595	\$1,382	\$1,535
61	\$2,989	\$2,559	\$1,442	\$1,249	\$1,388	\$3,425	\$2,932	\$1,652	\$1,431	\$1,590
62	\$3,056	\$2,616	\$1,474	\$1,277	\$1,419	\$3,501	\$2,997	\$1,689	\$1,463	\$1,626
63	\$3,140	\$2,688	\$1,514	\$1,312	\$1,457	\$3,598	\$3,080	\$1,735	\$1,503	\$1,669
64	\$3,191	\$2,732	\$1,539	\$1,333	\$1,481	\$3,656	\$3,130	\$1,763	\$1,527	\$1,697
65+	\$3,191	\$2,732	\$1,539	\$1,333	\$1,481	\$3,656	\$3,130	\$1,763	\$1,527	\$1,697

**Washington State Health Insurance Pool (WSHIP)
2021 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	\$841	\$720	\$405	\$351	\$390	\$841	\$720	\$405	\$351	\$390
15	\$916	\$784	\$441	\$383	\$425	\$916	\$784	\$441	\$383	\$425
16	\$944	\$808	\$456	\$394	\$438	\$944	\$808	\$456	\$394	\$438
17	\$973	\$832	\$469	\$406	\$452	\$973	\$832	\$469	\$406	\$452
18	\$1,004	\$859	\$483	\$419	\$466	\$1,004	\$859	\$483	\$419	\$466
19	\$1,035	\$886	\$499	\$432	\$480	\$1,035	\$886	\$499	\$432	\$480
20	\$1,067	\$913	\$514	\$445	\$495	\$1,067	\$913	\$514	\$445	\$495
21	\$1,099	\$941	\$530	\$459	\$510	\$1,259	\$1,078	\$607	\$526	\$584
22	\$1,099	\$941	\$530	\$459	\$510	\$1,259	\$1,078	\$607	\$526	\$584
23	\$1,099	\$941	\$530	\$459	\$510	\$1,259	\$1,078	\$607	\$526	\$584
24	\$1,099	\$941	\$530	\$459	\$510	\$1,259	\$1,078	\$607	\$526	\$584
25	\$1,103	\$944	\$532	\$461	\$512	\$1,264	\$1,082	\$610	\$528	\$587
26	\$1,125	\$964	\$543	\$470	\$522	\$1,289	\$1,104	\$622	\$538	\$598
27	\$1,152	\$986	\$555	\$481	\$535	\$1,320	\$1,130	\$636	\$551	\$613
28	\$1,195	\$1,022	\$576	\$499	\$554	\$1,369	\$1,171	\$660	\$572	\$635
29	\$1,230	\$1,053	\$593	\$514	\$571	\$1,409	\$1,206	\$679	\$589	\$654
30	\$1,247	\$1,068	\$602	\$521	\$579	\$1,429	\$1,224	\$690	\$597	\$663
31	\$1,274	\$1,090	\$614	\$533	\$591	\$1,460	\$1,249	\$703	\$611	\$677
32	\$1,301	\$1,113	\$627	\$543	\$604	\$1,491	\$1,275	\$718	\$622	\$692
33	\$1,317	\$1,127	\$635	\$550	\$612	\$1,509	\$1,291	\$728	\$630	\$701
34	\$1,334	\$1,142	\$644	\$557	\$619	\$1,528	\$1,308	\$738	\$638	\$709
35	\$1,343	\$1,150	\$648	\$561	\$623	\$1,539	\$1,318	\$742	\$643	\$714
36	\$1,352	\$1,157	\$652	\$565	\$627	\$1,549	\$1,326	\$747	\$647	\$718
37	\$1,361	\$1,165	\$656	\$569	\$631	\$1,559	\$1,335	\$752	\$652	\$723
38	\$1,369	\$1,172	\$660	\$572	\$635	\$1,569	\$1,343	\$756	\$655	\$728
39	\$1,387	\$1,188	\$669	\$580	\$644	\$1,589	\$1,361	\$766	\$665	\$738
40	\$1,404	\$1,202	\$677	\$587	\$652	\$1,609	\$1,377	\$776	\$673	\$747
41	\$1,431	\$1,225	\$690	\$598	\$664	\$1,640	\$1,404	\$791	\$685	\$761
42	\$1,457	\$1,247	\$702	\$609	\$676	\$1,669	\$1,429	\$804	\$698	\$775
43	\$1,491	\$1,277	\$720	\$623	\$693	\$1,708	\$1,463	\$825	\$714	\$794
44	\$1,536	\$1,315	\$740	\$642	\$712	\$1,760	\$1,507	\$848	\$736	\$816
45	\$1,587	\$1,359	\$766	\$663	\$737	\$1,818	\$1,557	\$878	\$760	\$844
46	\$1,649	\$1,411	\$796	\$689	\$766	\$1,889	\$1,617	\$912	\$789	\$878
47	\$1,718	\$1,471	\$828	\$718	\$798	\$1,968	\$1,685	\$949	\$823	\$914
48	\$1,797	\$1,539	\$866	\$750	\$835	\$2,059	\$1,763	\$992	\$859	\$957
49	\$1,875	\$1,605	\$904	\$783	\$870	\$2,148	\$1,839	\$1,036	\$897	\$997
50	\$1,963	\$1,680	\$946	\$820	\$912	\$2,249	\$1,925	\$1,084	\$940	\$1,045
51	\$2,050	\$1,754	\$988	\$856	\$952	\$2,349	\$2,010	\$1,132	\$981	\$1,091
52	\$2,145	\$1,836	\$1,035	\$896	\$996	\$2,458	\$2,104	\$1,186	\$1,027	\$1,141
53	\$2,242	\$1,919	\$1,081	\$937	\$1,041	\$2,569	\$2,199	\$1,239	\$1,074	\$1,193
54	\$2,347	\$2,009	\$1,131	\$980	\$1,089	\$2,689	\$2,302	\$1,296	\$1,123	\$1,248
55	\$2,451	\$2,098	\$1,181	\$1,024	\$1,138	\$2,808	\$2,404	\$1,353	\$1,173	\$1,304
56	\$2,564	\$2,195	\$1,237	\$1,072	\$1,191	\$2,938	\$2,515	\$1,417	\$1,228	\$1,365
57	\$2,678	\$2,293	\$1,291	\$1,119	\$1,243	\$3,068	\$2,627	\$1,479	\$1,282	\$1,424
58	\$2,800	\$2,398	\$1,351	\$1,170	\$1,301	\$3,208	\$2,747	\$1,548	\$1,341	\$1,491
59	\$2,861	\$2,449	\$1,380	\$1,196	\$1,328	\$3,278	\$2,806	\$1,581	\$1,370	\$1,522
60	\$2,983	\$2,554	\$1,438	\$1,246	\$1,385	\$3,418	\$2,926	\$1,648	\$1,428	\$1,587
61	\$3,089	\$2,644	\$1,489	\$1,290	\$1,434	\$3,539	\$3,029	\$1,706	\$1,478	\$1,643
62	\$3,157	\$2,703	\$1,523	\$1,319	\$1,466	\$3,617	\$3,097	\$1,745	\$1,511	\$1,680
63	\$3,245	\$2,778	\$1,564	\$1,356	\$1,506	\$3,718	\$3,183	\$1,792	\$1,554	\$1,725
64	\$3,297	\$2,823	\$1,590	\$1,378	\$1,530	\$3,777	\$3,234	\$1,822	\$1,579	\$1,753
65+	\$3,297	\$2,823	\$1,590	\$1,378	\$1,530	\$3,777	\$3,234	\$1,822	\$1,579	\$1,753

**Washington State Health Insurance Pool (WSHIP)
2021 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	\$851	\$728	\$410	\$355	\$395	\$851	\$728	\$410	\$355	\$395
15	\$927	\$794	\$447	\$388	\$430	\$927	\$794	\$447	\$388	\$430
16	\$956	\$818	\$461	\$399	\$444	\$956	\$818	\$461	\$399	\$444
17	\$985	\$843	\$475	\$411	\$457	\$985	\$843	\$475	\$411	\$457
18	\$1,016	\$870	\$489	\$424	\$472	\$1,016	\$870	\$489	\$424	\$472
19	\$1,047	\$897	\$505	\$437	\$486	\$1,047	\$897	\$505	\$437	\$486
20	\$1,080	\$924	\$521	\$451	\$501	\$1,080	\$924	\$521	\$451	\$501
21	\$1,113	\$953	\$536	\$464	\$516	\$1,275	\$1,092	\$614	\$532	\$591
22	\$1,113	\$953	\$536	\$464	\$516	\$1,275	\$1,092	\$614	\$532	\$591
23	\$1,113	\$953	\$536	\$464	\$516	\$1,275	\$1,092	\$614	\$532	\$591
24	\$1,113	\$953	\$536	\$464	\$516	\$1,275	\$1,092	\$614	\$532	\$591
25	\$1,117	\$956	\$538	\$467	\$518	\$1,280	\$1,095	\$616	\$535	\$593
26	\$1,139	\$976	\$550	\$476	\$529	\$1,305	\$1,118	\$630	\$545	\$606
27	\$1,166	\$998	\$562	\$487	\$541	\$1,336	\$1,143	\$644	\$558	\$620
28	\$1,209	\$1,035	\$583	\$505	\$561	\$1,385	\$1,186	\$668	\$579	\$643
29	\$1,245	\$1,066	\$601	\$521	\$578	\$1,426	\$1,221	\$689	\$597	\$662
30	\$1,262	\$1,081	\$609	\$528	\$586	\$1,446	\$1,239	\$698	\$605	\$671
31	\$1,289	\$1,103	\$621	\$539	\$598	\$1,477	\$1,264	\$712	\$618	\$685
32	\$1,316	\$1,126	\$635	\$550	\$611	\$1,508	\$1,290	\$728	\$630	\$700
33	\$1,333	\$1,141	\$643	\$557	\$619	\$1,527	\$1,307	\$737	\$638	\$709
34	\$1,351	\$1,156	\$651	\$564	\$627	\$1,548	\$1,324	\$746	\$646	\$718
35	\$1,359	\$1,164	\$656	\$568	\$631	\$1,557	\$1,334	\$752	\$651	\$723
36	\$1,368	\$1,171	\$660	\$571	\$635	\$1,567	\$1,342	\$756	\$654	\$728
37	\$1,378	\$1,179	\$664	\$576	\$639	\$1,579	\$1,351	\$761	\$660	\$732
38	\$1,386	\$1,187	\$668	\$579	\$643	\$1,588	\$1,360	\$765	\$663	\$737
39	\$1,404	\$1,202	\$677	\$587	\$651	\$1,609	\$1,377	\$776	\$673	\$746
40	\$1,421	\$1,217	\$686	\$594	\$660	\$1,628	\$1,394	\$786	\$681	\$756
41	\$1,448	\$1,240	\$698	\$606	\$672	\$1,659	\$1,421	\$800	\$694	\$770
42	\$1,474	\$1,262	\$711	\$616	\$685	\$1,689	\$1,446	\$815	\$706	\$785
43	\$1,510	\$1,293	\$728	\$631	\$701	\$1,730	\$1,481	\$834	\$723	\$803
44	\$1,554	\$1,331	\$749	\$649	\$721	\$1,780	\$1,525	\$858	\$744	\$826
45	\$1,606	\$1,376	\$775	\$671	\$746	\$1,840	\$1,577	\$888	\$769	\$855
46	\$1,669	\$1,429	\$805	\$697	\$775	\$1,912	\$1,637	\$922	\$799	\$888
47	\$1,739	\$1,489	\$838	\$726	\$807	\$1,992	\$1,706	\$960	\$832	\$925
48	\$1,819	\$1,557	\$877	\$760	\$845	\$2,084	\$1,784	\$1,005	\$871	\$968
49	\$1,898	\$1,625	\$915	\$793	\$881	\$2,175	\$1,862	\$1,048	\$909	\$1,009
50	\$1,987	\$1,701	\$958	\$830	\$923	\$2,277	\$1,949	\$1,098	\$951	\$1,058
51	\$2,075	\$1,776	\$1,001	\$867	\$963	\$2,377	\$2,035	\$1,147	\$993	\$1,103
52	\$2,172	\$1,859	\$1,047	\$907	\$1,008	\$2,489	\$2,130	\$1,200	\$1,039	\$1,155
53	\$2,269	\$1,943	\$1,094	\$949	\$1,054	\$2,600	\$2,226	\$1,253	\$1,087	\$1,208
54	\$2,375	\$2,033	\$1,145	\$992	\$1,102	\$2,721	\$2,329	\$1,312	\$1,137	\$1,263
55	\$2,481	\$2,124	\$1,196	\$1,037	\$1,152	\$2,843	\$2,434	\$1,370	\$1,188	\$1,320
56	\$2,595	\$2,221	\$1,252	\$1,085	\$1,205	\$2,973	\$2,545	\$1,434	\$1,243	\$1,381
57	\$2,711	\$2,321	\$1,307	\$1,133	\$1,258	\$3,106	\$2,659	\$1,497	\$1,298	\$1,441
58	\$2,834	\$2,427	\$1,367	\$1,184	\$1,316	\$3,247	\$2,781	\$1,566	\$1,357	\$1,508
59	\$2,896	\$2,479	\$1,396	\$1,210	\$1,344	\$3,318	\$2,840	\$1,599	\$1,386	\$1,540
60	\$3,019	\$2,585	\$1,456	\$1,261	\$1,402	\$3,459	\$2,962	\$1,668	\$1,445	\$1,606
61	\$3,126	\$2,676	\$1,508	\$1,306	\$1,451	\$3,582	\$3,066	\$1,728	\$1,496	\$1,662
62	\$3,196	\$2,736	\$1,542	\$1,335	\$1,484	\$3,662	\$3,135	\$1,767	\$1,530	\$1,700
63	\$3,284	\$2,812	\$1,583	\$1,373	\$1,524	\$3,763	\$3,222	\$1,814	\$1,573	\$1,746
64	\$3,337	\$2,857	\$1,609	\$1,394	\$1,549	\$3,823	\$3,273	\$1,843	\$1,597	\$1,775
65+	\$3,337	\$2,857	\$1,609	\$1,394	\$1,549	\$3,823	\$3,273	\$1,843	\$1,597	\$1,775



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, 2020

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 2020

«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, 2020

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, 2021:

- I DO NOT want to change my plan for 2021** (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, 2020**. 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) 2021 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.

2021 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.

2021 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



WASHINGTON STATE HEALTH
INSURANCE POOL

Summary – Effective January 1, 2021

Preferred Provider Plan

A comprehensive plan with deductible options of \$500, \$1,000, \$2,500 or \$5,000 that allows you to choose any provider but pays a higher level of benefits for services by network providers.

MEDICAL BENEFITS		NETWORK		OUT-OF-NETWORK	
ANNUAL DEDUCTIBLE OPTIONS per individual PCY (1)		\$ 500, \$1,000, \$2,500 or \$5,000 (<i>choose one</i>)			
COINSURANCE (<i>amount you pay after deductible</i>)		20%		40%	
OUT-OF-POCKET LIMIT PCY		per Individual	per Family	per Individual	per Family
<i>(The maximum amount you pay yearly including deductible and coinsurance.)</i>	\$500 Option	\$1,000	\$2,000	\$2,000	\$4,000
	\$1,000 Option	\$1,650	\$3,300	\$3,300	\$6,600
	\$2,500 Option	\$5,000	\$10,000	\$7,500	\$15,000
	\$5,000 Option	\$10,000	\$20,000	\$15,000	\$30,000

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

PRESCRIPTION DRUGS 30-day supply	Rx Deductible	Tier 1 Generics	Tier 2 Preferred Brand	Tier 3 Non-Preferred	Rx Out-of-Pocket Limit
\$500 Option	None	\$2 copay	10% up to \$50 max	15% up to \$100 max	\$500
\$1,000 Option	None	\$5 copay	15% up to \$50 max	20% up to \$100 max	\$850
\$2,500 & \$5,000 Options	\$500	20%	30%	50%	\$5,000

For a **90-day supply** by mail order, you pay only two times the 30-day copay; or, if your prescription has a percentage coinsurance, you pay the same coinsurance percentage, up to only two times the 30-day dollar maximum (if applicable).

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