

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

MEDICAL SUPPLEMENT PLAN

		Age	Medical Supplement Plan
		Monthly Rates	
Full Premium	Under 65	\$421	
	65+	\$336	
Separator			
You were enrolled in a prior medical benefit plan during the 63-day period prior to application to WSHIP with continuous enrollment for 18 months.	Under 65	\$421	
	65+	\$280	
Separator			
You have been enrolled in WSHIP continuously for 36 months or more.	Under 65	\$421	
	65+	\$319	
Separator			
You have been enrolled in WSHIP for 36 months or more <u>AND</u> had 18 months of continuous enrollment in a prior medical benefit plan.	Under 65	\$421	
	65+	\$266	

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