

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

**MEDICARE BASIC PLAN**

|                                                                                                                                                           |          | Age | Basic Plan                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|-------------------------------------------|
| Income Level                                                                                                                                              |          |     | Regular Rates<br>-----<br><i>Table B1</i> |
| <b>Full Premium</b>                                                                                                                                       | Under 65 |     | \$492                                     |
|                                                                                                                                                           | 65+      |     | \$391                                     |
|                                                                                                                                                           |          |     |                                           |
| <b>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> | Under 65 |     | \$492                                     |
|                                                                                                                                                           | 65+      |     | \$325                                     |
|                                                                                                                                                           |          |     |                                           |
| <b>You have been enrolled in WSHIP continuously for 36 months or more.</b>                                                                                | Under 65 |     | \$492                                     |
|                                                                                                                                                           | 65+      |     | \$371                                     |
|                                                                                                                                                           |          |     |                                           |
| <b>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.</b>           | Under 65 |     | \$492                                     |
|                                                                                                                                                           | 65+      |     | \$309                                     |

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