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WSHIP
WASHINGTON STATE
HEALTH INSURANCE POOL

PO Box 21548
Eagan, MN 55121
Questions? Call 1-888-277-9135

[DR-]

November 2026

ACTION REQUIRED BY DECEMBER 15, 2026

IMPORTANT NOTICE ABOUT YOUR 2027 PREMIUM RATES & COVERAGE OPTIONS

(Non-Medicare Plans)

Dear Enrollee,

This letter contains important information about your premium rate change effective January 1, 2027 and Eligibility Verification Form that must be returned by December 15, 2026 to renew your WSHIP coverage.

COVERAGE OPTIONS

You have the option to renew your current WSHIP plan, or you can enroll in individual coverage through the Washington Healthplanfinder or directly from an insurance company or agent.

Premiums for individual coverage are generally less expensive than WSHIP and you cannot be turned down or charged more because you have a pre-existing condition. For information, call Washington Healthplanfinder at 1-855-923-4633 or visit www.wahealthplanfinder.org.

2027 WSHIP PREMIUM RATES

Your WSHIP monthly premium rate will change effective January 1, 2027. All rates have been calculated in accordance with Washington State law (RCW 48.41.200). Please consult the enclosed premium rate chart. Your rate is based on plan selection, geographic location, and age.

PREMIUM INVOICES

Premiums must be paid on or before the due date or during a 31-day grace period that follows. If your premium is not received before the end of the grace period, your coverage ends at the end of the period for which your premium was paid.

ACH PAYMENT OPTION

Monthly premiums may be paid via ACH payment (an electronic money transfer). This means your premium payment is automatically debited each month from your bank account. To use this option, please return the enclosed Bank Service Plan Authorization Form.

TO RENEW YOUR WSHIP PLAN - ACTION REQUIRED BY DECEMBER 15, 2026

To renew your WSHIP plan, please return the enclosed Eligibility Verification Form by December 15. WSHIP is required to verify continued eligibility of all enrollees. A return envelope is enclosed.

TO CHANGE OR CANCEL YOUR WSHIP PLAN

You have the option to renew your current WSHIP plan, change to a new WSHIP plan, or buy new coverage from the Washington Healthplanfinder or directly from an insurance company or agent. Medicaid may also be an option if you qualify.

Washington Healthplanfinder. By law, WSHIP premiums are generally higher, so we encourage you to explore other coverage options on Washington Healthplanfinder. For information, call 1-855-923-4633 or visit www.wahealthplanfinder.org. December 15 is the deadline to enroll for coverage effective January 1, 2027.

Medicaid. Medicaid is a health insurance program for lower-income individuals. If you are eligible for Medicaid, you are no longer eligible for WSHIP. To avoid a retroactive cancellation of your WSHIP coverage, please check your eligibility for Medicaid if you think you may qualify. For more information visit www.hca.wa.gov or www.wahealthplanfinder.org.

WSHIP Plans. To renew your WSHIP plan, please return the enclosed Eligibility Verification Form by December 15. If you want to change to a different WSHIP plan or cancel your WSHIP coverage, please contact Customer Service at **1-888-277-9135** for assistance. If you do not request a plan change or cancel your WSHIP coverage, your current plan will be renewed pending receipt of your Eligibility Verification Form.

QUESTIONS?
If you have questions or need assistance, please call WSHIP Customer Service at **1-888-277-9135**.

Enclosures:
- 2027 WSHIP Premium Rates for Preferred Provider Plans
- Eligibility Verification Form *(return by December 15, 2026)*
- Bank Services Authorization Form
- Return Envelope

IMPORTANT DEADLINE

December 15 is the deadline to return your WSHIP Eligibility Verification Form or enroll in new coverage for January 1, 2027 through the Washington Healthplanfinder or directly from an insurance company or agent.

Washington State Health Insurance Pool (WSHIP)
2027 Monthly Premium Rates

PREFERRED PROVIDER PLANS (PPO Plans)

Area 1: King County

	Deductible				
Age	***$500***	***$1,000***	***$2,500***	***$5,000***	***$3,000 HSA***
0-14	$1,397	$1,236	$722	$588	$633
15	$1,521	$1,345	$786	$640	$689
16	$1,569	$1,387	$810	$660	$711
17	$1,616	$1,429	$835	$680	$733
18	$1,667	$1,475	$861	$701	$756
19	$1,718	$1,520	$888	$723	$779
20	$1,771	$1,567	$915	$745	$803
21	$1,826	$1,615	$943	$768	$828
22	$1,826	$1,615	$943	$768	$828
23	$1,826	$1,615	$943	$768	$828
24	$1,826	$1,615	$943	$768	$828
25	$1,833	$1,622	$947	$771	$831
26	$1,870	$1,654	$966	$786	$848
27	$1,914	$1,693	$989	$805	$867
28	$1,985	$1,756	$1,025	$835	$900
29	$2,043	$1,807	$1,056	$859	$926
30	$2,073	$1,833	$1,071	$872	$939
31	$2,116	$1,872	$1,093	$890	$959
32	$2,160	$1,911	$1,116	$909	$979
33	$2,188	$1,935	$1,130	$920	$992
34	$2,217	$1,961	$1,145	$932	$1,005
35	$2,231	$1,974	$1,153	$938	$1,011
36	$2,246	$1,987	$1,160	$945	$1,018
37	$2,261	$1,999	$1,168	$951	$1,025
38	$2,275	$2,012	$1,175	$957	$1,031
39	$2,304	$2,038	$1,190	$969	$1,045
40	$2,334	$2,064	$1,206	$981	$1,058
41	$2,378	$2,103	$1,228	$1,000	$1,078
42	$2,420	$2,140	$1,250	$1,018	$1,097
43	$2,478	$2,192	$1,280	$1,042	$1,123
44	$2,551	$2,256	$1,318	$1,073	$1,156
45	$2,637	$2,332	$1,362	$1,109	$1,195
46	$2,739	$2,423	$1,415	$1,152	$1,242
47	$2,854	$2,524	$1,474	$1,200	$1,294
48	$2,986	$2,641	$1,542	$1,256	$1,353
49	$3,115	$2,755	$1,609	$1,310	$1,412
50	$3,261	$2,884	$1,685	$1,372	$1,478
51	$3,406	$3,012	$1,759	$1,432	$1,544
52	$3,564	$3,153	$1,841	$1,499	$1,616
53	$3,725	$3,295	$1,924	$1,567	$1,689
54	$3,899	$3,448	$2,014	$1,640	$1,767
55	$4,072	$3,602	$2,104	$1,713	$1,846
56	$4,260	$3,768	$2,201	$1,792	$1,931
57	$4,450	$3,936	$2,299	$1,872	$2,017
58	$4,653	$4,115	$2,404	$1,957	$2,109
59	$4,753	$4,204	$2,455	$1,999	$2,155
60	$4,956	$4,383	$2,560	$2,084	$2,246
61	$5,131	$4,538	$2,651	$2,158	$2,326
62	$5,246	$4,640	$2,710	$2,206	$2,378
63	$5,390	$4,768	$2,785	$2,267	$2,443
64	$5,478	$4,845	$2,830	$2,304	$2,483
65+	$5,478	$4,845	$2,830	$2,304	$2,483

Washington State Health Insurance Pool (WSHIP)
2027 Monthly Premium Rates

PREFERRED PROVIDER PLANS (PPO Plans)

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

	Deductible				
Age	***$500***	***$1,000***	***$2,500***	***$5,000***	***$3,000 HSA***
0-14	$1,426	$1,261	$737	$600	$646
15	$1,552	$1,373	$802	$653	$703
16	$1,601	$1,416	$827	$674	$726
17	$1,649	$1,458	$852	$694	$748
18	$1,701	$1,505	$879	$715	$772
19	$1,753	$1,551	$906	$738	$795
20	$1,807	$1,599	$934	$760	$820
21	$1,864	$1,648	$962	$784	$845
22	$1,864	$1,648	$962	$784	$845
23	$1,864	$1,648	$962	$784	$845
24	$1,864	$1,648	$962	$784	$845
25	$1,871	$1,655	$966	$787	$848
26	$1,908	$1,688	$986	$802	$865
27	$1,953	$1,728	$1,009	$822	$885
28	$2,026	$1,792	$1,046	$852	$919
29	$2,085	$1,844	$1,078	$877	$945
30	$2,116	$1,871	$1,093	$890	$958
31	$2,160	$1,910	$1,115	$908	$979
32	$2,204	$1,950	$1,139	$928	$999
33	$2,233	$1,975	$1,153	$939	$1,012
34	$2,263	$2,001	$1,169	$951	$1,026
35	$2,277	$2,015	$1,177	$957	$1,032
36	$2,292	$2,028	$1,184	$964	$1,039
37	$2,307	$2,040	$1,192	$971	$1,046
38	$2,322	$2,053	$1,199	$977	$1,052
39	$2,351	$2,080	$1,214	$989	$1,066
40	$2,382	$2,106	$1,231	$1,001	$1,080
41	$2,427	$2,146	$1,253	$1,021	$1,100
42	$2,470	$2,184	$1,276	$1,039	$1,120
43	$2,529	$2,237	$1,306	$1,063	$1,146
44	$2,603	$2,302	$1,345	$1,095	$1,180
45	$2,691	$2,380	$1,390	$1,132	$1,220
46	$2,795	$2,473	$1,444	$1,176	$1,268
47	$2,913	$2,576	$1,504	$1,225	$1,321
48	$3,047	$2,695	$1,574	$1,282	$1,381
49	$3,179	$2,812	$1,642	$1,337	$1,441
50	$3,328	$2,943	$1,720	$1,400	$1,508
51	$3,476	$3,074	$1,795	$1,461	$1,576
52	$3,637	$3,218	$1,879	$1,530	$1,649
53	$3,802	$3,363	$1,964	$1,599	$1,724
54	$3,979	$3,519	$2,055	$1,674	$1,803
55	$4,156	$3,676	$2,147	$1,748	$1,884
56	$4,348	$3,845	$2,246	$1,829	$1,971
57	$4,541	$4,017	$2,346	$1,910	$2,058
58	$4,749	$4,200	$2,453	$1,997	$2,152
59	$4,851	$4,290	$2,505	$2,040	$2,199
60	$5,058	$4,473	$2,613	$2,127	$2,292
61	$5,236	$4,631	$2,706	$2,202	$2,374
62	$5,354	$4,735	$2,766	$2,251	$2,427
63	$5,501	$4,866	$2,842	$2,314	$2,493
64	$5,591	$4,945	$2,888	$2,351	$2,534

Washington State Health Insurance Pool (WSHIP)
2027 Monthly Premium Rates

PREFERRED PROVIDER PLANS (PPO Plans)

Area 3: Clark, Klickitat, Skamania Counties

	Deductible				
Age	***$500***	***$1,000***	***$2,500***	***$5,000***	***$3,000 HSA***
0-14	$1,446	$1,280	$747	$609	$655
15	$1,575	$1,392	$814	$663	$713
16	$1,624	$1,436	$839	$683	$736
17	$1,673	$1,479	$864	$704	$759
18	$1,726	$1,527	$891	$726	$783
19	$1,779	$1,574	$919	$748	$806
20	$1,833	$1,622	$947	$771	$831
21	$1,890	$1,672	$976	$795	$857
22	$1,890	$1,672	$976	$795	$857
23	$1,890	$1,672	$976	$795	$857
24	$1,890	$1,672	$976	$795	$857
25	$1,898	$1,679	$980	$798	$860
26	$1,936	$1,712	$1,000	$814	$878
27	$1,981	$1,753	$1,024	$833	$898
28	$2,055	$1,818	$1,061	$864	$932
29	$2,115	$1,871	$1,093	$889	$959
30	$2,146	$1,898	$1,109	$903	$972
31	$2,191	$1,938	$1,132	$921	$993
32	$2,236	$1,978	$1,155	$941	$1,014
33	$2,265	$2,003	$1,170	$952	$1,027
34	$2,295	$2,030	$1,185	$965	$1,040
35	$2,310	$2,044	$1,194	$971	$1,047
36	$2,325	$2,057	$1,201	$978	$1,054
37	$2,341	$2,069	$1,209	$985	$1,061
38	$2,355	$2,083	$1,216	$991	$1,067
39	$2,385	$2,110	$1,232	$1,003	$1,082
40	$2,416	$2,137	$1,249	$1,016	$1,095
41	$2,462	$2,177	$1,271	$1,035	$1,116
42	$2,505	$2,215	$1,294	$1,054	$1,136
43	$2,565	$2,269	$1,325	$1,079	$1,163
44	$2,641	$2,336	$1,364	$1,111	$1,197
45	$2,730	$2,414	$1,410	$1,148	$1,237
46	$2,836	$2,508	$1,465	$1,193	$1,286
47	$2,955	$2,613	$1,526	$1,242	$1,340
48	$3,091	$2,734	$1,596	$1,300	$1,401
49	$3,225	$2,852	$1,666	$1,356	$1,462
50	$3,376	$2,986	$1,744	$1,420	$1,530
51	$3,526	$3,118	$1,821	$1,482	$1,598
52	$3,690	$3,264	$1,906	$1,552	$1,673
53	$3,856	$3,411	$1,992	$1,622	$1,749
54	$4,036	$3,570	$2,085	$1,698	$1,829
55	$4,216	$3,729	$2,178	$1,773	$1,911
56	$4,410	$3,901	$2,279	$1,855	$1,999
57	$4,607	$4,075	$2,380	$1,938	$2,088
58	$4,817	$4,260	$2,489	$2,026	$2,183
59	$4,921	$4,352	$2,542	$2,069	$2,231
60	$5,131	$4,537	$2,650	$2,157	$2,325
61	$5,312	$4,698	$2,744	$2,234	$2,408
62	$5,431	$4,804	$2,806	$2,284	$2,462
63	$5,580	$4,936	$2,883	$2,347	$2,529
64	$5,671	$5,016	$2,930	$2,385	$2,571
65+	$5,671	$5,016	$2,930	$2,385	$2,571

Washington State Health Insurance Pool (WSHIP)
2027 Monthly Premium Rates

PREFERRED PROVIDER PLANS (PPO Plans)

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

	Deductible				
Age	***$500***	***$1,000***	***$2,500***	***$5,000***	***$3,000 HSA***
0-14	$1,377	$1,219	$712	$580	$624
15	$1,499	$1,326	$775	$631	$679
16	$1,547	$1,367	$799	$651	$701
17	$1,593	$1,409	$823	$670	$723
18	$1,643	$1,454	$849	$691	$745
19	$1,694	$1,499	$875	$713	$768
20	$1,746	$1,545	$902	$734	$792
21	$1,800	$1,592	$930	$757	$816
22	$1,800	$1,592	$930	$757	$816
23	$1,800	$1,592	$930	$757	$816
24	$1,800	$1,592	$930	$757	$816
25	$1,807	$1,599	$934	$760	$819
26	$1,844	$1,631	$952	$775	$836
27	$1,887	$1,669	$975	$794	$855
28	$1,957	$1,731	$1,011	$823	$887
29	$2,014	$1,781	$1,041	$847	$913
30	$2,044	$1,807	$1,056	$860	$926
31	$2,086	$1,846	$1,078	$877	$945
32	$2,129	$1,884	$1,100	$896	$965
33	$2,157	$1,908	$1,114	$907	$978
34	$2,186	$1,933	$1,129	$919	$991
35	$2,199	$1,946	$1,137	$925	$997
36	$2,214	$1,959	$1,144	$932	$1,004
37	$2,229	$1,971	$1,151	$938	$1,011
38	$2,243	$1,984	$1,158	$943	$1,016
39	$2,271	$2,009	$1,173	$955	$1,030
40	$2,301	$2,035	$1,189	$967	$1,043
41	$2,344	$2,073	$1,211	$986	$1,063
42	$2,386	$2,110	$1,232	$1,004	$1,081
43	$2,443	$2,161	$1,262	$1,027	$1,107
44	$2,515	$2,224	$1,299	$1,058	$1,140
45	$2,600	$2,299	$1,343	$1,093	$1,178
46	$2,700	$2,389	$1,395	$1,136	$1,224
47	$2,814	$2,488	$1,453	$1,183	$1,276
48	$2,944	$2,604	$1,520	$1,238	$1,334
49	$3,071	$2,716	$1,586	$1,291	$1,392
50	$3,215	$2,843	$1,661	$1,353	$1,457
51	$3,358	$2,969	$1,734	$1,412	$1,522
52	$3,514	$3,108	$1,815	$1,478	$1,593
53	$3,672	$3,248	$1,897	$1,545	$1,665
54	$3,844	$3,399	$1,986	$1,617	$1,742
55	$4,014	$3,551	$2,074	$1,689	$1,820
56	$4,200	$3,715	$2,170	$1,767	$1,904
57	$4,387	$3,880	$2,266	$1,846	$1,988
58	$4,587	$4,057	$2,370	$1,929	$2,079
59	$4,686	$4,145	$2,420	$1,971	$2,125
60	$4,886	$4,321	$2,524	$2,055	$2,214
61	$5,058	$4,474	$2,614	$2,127	$2,293
62	$5,172	$4,574	$2,672	$2,175	$2,344
63	$5,314	$4,701	$2,746	$2,235	$2,408
64	$5,401	$4,776	$2,790	$2,271	$2,448
65+	$5,401	$4,776	$2,790	$2,271	$2,448

Washington State Health Insurance Pool (WSHIP)
2027 Monthly Premium Rates

PREFERRED PROVIDER PLANS (PPO Plans)

Area 5: Mason, Pierce, and Thurston Counties

	Deductible				
Age	***$500***	***$1,000***	***$2,500***	***$5,000***	***$3,000 HSA***
0-14	$1,370	$1,212	$708	$577	$621
15	$1,492	$1,319	$771	$628	$676
16	$1,539	$1,360	$794	$647	$697
17	$1,585	$1,401	$819	$667	$719
18	$1,635	$1,446	$844	$687	$741
19	$1,685	$1,491	$871	$709	$764
20	$1,737	$1,537	$897	$731	$787
21	$1,791	$1,584	$925	$753	$812
22	$1,791	$1,584	$925	$753	$812
23	$1,791	$1,584	$925	$753	$812
24	$1,791	$1,584	$925	$753	$812
25	$1,797	$1,591	$929	$756	$815
26	$1,834	$1,622	$947	$771	$832
27	$1,877	$1,660	$970	$789	$850
28	$1,947	$1,722	$1,005	$819	$883
29	$2,003	$1,772	$1,036	$842	$908
30	$2,033	$1,797	$1,050	$855	$921
31	$2,075	$1,836	$1,072	$873	$940
32	$2,118	$1,874	$1,094	$891	$960
33	$2,146	$1,897	$1,108	$902	$973
34	$2,174	$1,923	$1,123	$914	$986
35	$2,188	$1,936	$1,131	$920	$991
36	$2,202	$1,948	$1,138	$927	$998
37	$2,217	$1,960	$1,145	$933	$1,005
38	$2,231	$1,973	$1,152	$938	$1,011
39	$2,259	$1,998	$1,167	$950	$1,025
40	$2,289	$2,024	$1,183	$962	$1,037
41	$2,332	$2,062	$1,204	$981	$1,057
42	$2,373	$2,099	$1,226	$998	$1,076
43	$2,430	$2,149	$1,255	$1,022	$1,101
44	$2,502	$2,212	$1,292	$1,052	$1,134
45	$2,586	$2,287	$1,336	$1,087	$1,172
46	$2,686	$2,376	$1,388	$1,130	$1,218
47	$2,799	$2,475	$1,445	$1,177	$1,269
48	$2,928	$2,590	$1,512	$1,232	$1,327
49	$3,055	$2,702	$1,578	$1,285	$1,385
50	$3,198	$2,828	$1,652	$1,345	$1,449
51	$3,340	$2,954	$1,725	$1,404	$1,514
52	$3,495	$3,092	$1,805	$1,470	$1,585
53	$3,653	$3,231	$1,887	$1,537	$1,656
54	$3,823	$3,381	$1,975	$1,608	$1,733
55	$3,993	$3,532	$2,063	$1,680	$1,810
56	$4,177	$3,695	$2,158	$1,757	$1,894
57	$4,364	$3,860	$2,254	$1,836	$1,978
58	$4,563	$4,035	$2,357	$1,919	$2,068
59	$4,661	$4,122	$2,407	$1,960	$2,113
60	$4,860	$4,298	$2,510	$2,044	$2,202
61	$5,032	$4,450	$2,600	$2,116	$2,281
62	$5,144	$4,550	$2,657	$2,163	$2,332
63	$5,285	$4,676	$2,731	$2,223	$2,396
64	$5,372	$4,751	$2,775	$2,259	$2,435
65+	$5,372	$4,751	$2,775	$2,259	$2,435

Washington State Health Insurance Pool (WSHIP)
2027 Monthly Premium Rates

PREFERRED PROVIDER PLANS (PPO Plans)

Area 6: Benton, Franklin, Kittitas, and Yakima Counties

	Deductible				
Age	***$500***	***$1,000***	***$2,500***	***$5,000***	***$3,000 HSA***
0-14	$1,328	$1,175	$687	$559	$602
15	$1,446	$1,279	$747	$609	$655
16	$1,492	$1,319	$770	$628	$676
17	$1,537	$1,359	$794	$647	$697
18	$1,585	$1,403	$819	$667	$719
19	$1,634	$1,445	$844	$688	$741
20	$1,684	$1,490	$870	$708	$764
21	$1,736	$1,536	$897	$730	$787
22	$1,736	$1,536	$897	$730	$787
23	$1,736	$1,536	$897	$730	$787
24	$1,736	$1,536	$897	$730	$787
25	$1,743	$1,542	$901	$733	$790
26	$1,778	$1,573	$919	$747	$806
27	$1,820	$1,610	$941	$766	$824
28	$1,888	$1,670	$975	$794	$856
29	$1,943	$1,718	$1,004	$817	$881
30	$1,971	$1,743	$1,018	$829	$893
31	$2,012	$1,780	$1,039	$846	$912
32	$2,054	$1,817	$1,061	$864	$931
33	$2,081	$1,840	$1,075	$875	$943
34	$2,108	$1,865	$1,089	$886	$956
35	$2,122	$1,877	$1,096	$892	$961
36	$2,136	$1,890	$1,103	$899	$968
37	$2,150	$1,901	$1,111	$904	$975
38	$2,163	$1,913	$1,117	$910	$980
39	$2,191	$1,938	$1,132	$921	$994
40	$2,220	$1,963	$1,147	$933	$1,006
41	$2,261	$2,000	$1,168	$951	$1,025
42	$2,301	$2,035	$1,189	$968	$1,043
43	$2,356	$2,085	$1,217	$991	$1,068
44	$2,426	$2,145	$1,253	$1,020	$1,099
45	$2,508	$2,218	$1,295	$1,055	$1,136
46	$2,605	$2,304	$1,346	$1,096	$1,181
47	$2,714	$2,400	$1,402	$1,141	$1,231
48	$2,840	$2,512	$1,466	$1,194	$1,287
49	$2,962	$2,620	$1,530	$1,246	$1,343
50	$3,101	$2,743	$1,602	$1,305	$1,406
51	$3,239	$2,864	$1,673	$1,362	$1,468
52	$3,389	$2,998	$1,751	$1,425	$1,537
53	$3,542	$3,133	$1,830	$1,490	$1,606
54	$3,708	$3,279	$1,915	$1,560	$1,680
55	$3,872	$3,425	$2,001	$1,629	$1,755
56	$4,051	$3,583	$2,093	$1,704	$1,836
57	$4,232	$3,743	$2,186	$1,780	$1,918
58	$4,425	$3,913	$2,286	$1,861	$2,006
59	$4,520	$3,998	$2,335	$1,901	$2,049
60	$4,713	$4,168	$2,434	$1,982	$2,136
61	$4,879	$4,315	$2,521	$2,052	$2,212
62	$4,989	$4,412	$2,577	$2,098	$2,261
63	$5,126	$4,534	$2,648	$2,156	$2,323
64	$5,209	$4,607	$2,691	$2,191	$2,361
65+	$5,209	$4,607	$2,691	$2,191	$2,361

Washington State Health Insurance Pool (WSHIP)
2027 Monthly Premium Rates

PREFERRED PROVIDER PLANS (PPO Plans)

Area 7: Adams, Chelan, Douglas, Grant, and Okanogan

	Deductible				
Age	***$500***	***$1,000***	***$2,500***	***$5,000***	***$3,000 HSA***
0-14	$1,360	$1,204	$703	$573	$616
15	$1,481	$1,310	$765	$623	$671
16	$1,528	$1,351	$789	$643	$692
17	$1,574	$1,392	$813	$662	$714
18	$1,623	$1,436	$838	$683	$736
19	$1,673	$1,480	$865	$704	$759
20	$1,725	$1,526	$891	$726	$782
21	$1,778	$1,573	$918	$748	$806
22	$1,778	$1,573	$918	$748	$806
23	$1,778	$1,573	$918	$748	$806
24	$1,778	$1,573	$918	$748	$806
25	$1,785	$1,580	$922	$751	$809
26	$1,821	$1,611	$941	$765	$826
27	$1,864	$1,649	$963	$784	$844
28	$1,933	$1,710	$998	$813	$876
29	$1,990	$1,760	$1,028	$837	$902
30	$2,019	$1,785	$1,043	$849	$914
31	$2,061	$1,823	$1,064	$867	$934
32	$2,103	$1,861	$1,087	$885	$953
33	$2,131	$1,884	$1,100	$896	$966
34	$2,159	$1,910	$1,115	$908	$979
35	$2,173	$1,922	$1,123	$913	$985
36	$2,187	$1,935	$1,130	$920	$991
37	$2,202	$1,947	$1,137	$926	$998
38	$2,215	$1,959	$1,144	$932	$1,004
39	$2,244	$1,985	$1,159	$944	$1,018
40	$2,273	$2,010	$1,174	$955	$1,030
41	$2,316	$2,048	$1,196	$974	$1,050
42	$2,357	$2,084	$1,217	$991	$1,068
43	$2,413	$2,135	$1,247	$1,015	$1,094
44	$2,484	$2,197	$1,284	$1,045	$1,126
45	$2,568	$2,271	$1,326	$1,080	$1,164
46	$2,667	$2,360	$1,378	$1,122	$1,210
47	$2,779	$2,458	$1,435	$1,169	$1,260
48	$2,908	$2,572	$1,502	$1,223	$1,318
49	$3,034	$2,683	$1,567	$1,276	$1,375
50	$3,176	$2,809	$1,641	$1,336	$1,439
51	$3,317	$2,933	$1,713	$1,395	$1,504
52	$3,471	$3,071	$1,793	$1,460	$1,574
53	$3,628	$3,209	$1,874	$1,526	$1,645
54	$3,797	$3,358	$1,961	$1,597	$1,721
55	$3,965	$3,508	$2,049	$1,668	$1,798
56	$4,149	$3,669	$2,143	$1,745	$1,880
57	$4,334	$3,833	$2,239	$1,823	$1,964
58	$4,531	$4,007	$2,341	$1,906	$2,054
59	$4,629	$4,094	$2,391	$1,947	$2,099
60	$4,826	$4,268	$2,493	$2,029	$2,187
61	$4,997	$4,419	$2,582	$2,102	$2,265
62	$5,109	$4,519	$2,639	$2,148	$2,316
63	$5,249	$4,643	$2,712	$2,208	$2,379
64	$5,335	$4,718	$2,756	$2,244	$2,418
65+	$5,335	$4,718	$2,756	$2,244	$2,418

Washington State Health Insurance Pool (WSHIP)
2027 Monthly Premium Rates

PREFERRED PROVIDER PLANS (PPO Plans)

Area 8: Island, San Juan, Skagit, Snohomish, and Whatcom Counties

	Deductible				
Age	***$500***	***$1,000***	***$2,500***	***$5,000***	***$3,000 HSA***
0-14	$1,353	$1,197	$699	$569	$613
15	$1,473	$1,302	$761	$620	$667
16	$1,519	$1,343	$784	$639	$688
17	$1,565	$1,384	$808	$658	$710
18	$1,614	$1,428	$834	$679	$732
19	$1,663	$1,472	$860	$700	$754
20	$1,715	$1,517	$886	$721	$778
21	$1,768	$1,564	$913	$744	$802
22	$1,768	$1,564	$913	$744	$802
23	$1,768	$1,564	$913	$744	$802
24	$1,768	$1,564	$913	$744	$802
25	$1,775	$1,571	$917	$747	$805
26	$1,811	$1,601	$935	$761	$821
27	$1,853	$1,639	$958	$779	$839
28	$1,922	$1,700	$992	$808	$871
29	$1,978	$1,750	$1,022	$832	$897
30	$2,007	$1,775	$1,037	$844	$909
31	$2,049	$1,813	$1,058	$862	$929
32	$2,091	$1,850	$1,081	$880	$948
33	$2,119	$1,874	$1,094	$891	$961
34	$2,147	$1,899	$1,109	$902	$973
35	$2,160	$1,911	$1,116	$908	$979
36	$2,175	$1,924	$1,123	$915	$986
37	$2,189	$1,936	$1,131	$921	$992
38	$2,203	$1,948	$1,138	$927	$998
39	$2,231	$1,973	$1,152	$938	$1,012
40	$2,260	$1,998	$1,168	$950	$1,024
41	$2,303	$2,036	$1,189	$968	$1,044
42	$2,343	$2,072	$1,210	$986	$1,062
43	$2,399	$2,122	$1,239	$1,009	$1,087
44	$2,470	$2,184	$1,276	$1,039	$1,119
45	$2,553	$2,258	$1,319	$1,074	$1,157
46	$2,652	$2,346	$1,370	$1,115	$1,203
47	$2,763	$2,444	$1,427	$1,162	$1,253
48	$2,891	$2,557	$1,493	$1,216	$1,310
49	$3,016	$2,668	$1,558	$1,268	$1,367
50	$3,157	$2,792	$1,632	$1,328	$1,431
51	$3,298	$2,916	$1,703	$1,387	$1,495
52	$3,451	$3,053	$1,783	$1,451	$1,565
53	$3,607	$3,190	$1,863	$1,517	$1,635
54	$3,775	$3,339	$1,950	$1,588	$1,711
55	$3,943	$3,488	$2,037	$1,659	$1,787
56	$4,125	$3,648	$2,131	$1,735	$1,870
57	$4,309	$3,811	$2,226	$1,813	$1,953
58	$4,505	$3,984	$2,328	$1,895	$2,042
59	$4,602	$4,071	$2,377	$1,936	$2,087
60	$4,799	$4,244	$2,479	$2,018	$2,175
61	$4,968	$4,394	$2,567	$2,089	$2,252
62	$5,079	$4,493	$2,624	$2,136	$2,303
63	$5,219	$4,617	$2,697	$2,195	$2,365
64	$5,304	$4,691	$2,740	$2,231	$2,404
65+	$5,304	$4,691	$2,740	$2,231	$2,404

Washington State Health Insurance Pool (WSHIP)
2027 Monthly Premium Rates

PREFERRED PROVIDER PLANS (PPO Plans)

Area 9: Asotin, Columbia, Garfield, Walla Walla, and Whitman Counties

	Deductible				
Age	***$500***	***$1,000***	***$2,500***	***$5,000***	***$3,000 HSA***
0-14	$1,348	$1,193	$697	$568	$611
15	$1,468	$1,298	$759	$618	$665
16	$1,514	$1,339	$782	$637	$686
17	$1,560	$1,379	$806	$656	$708
18	$1,609	$1,424	$831	$677	$730
19	$1,658	$1,467	$857	$698	$752
20	$1,709	$1,513	$883	$719	$775
21	$1,763	$1,559	$910	$741	$799
22	$1,763	$1,559	$910	$741	$799
23	$1,763	$1,559	$910	$741	$799
24	$1,763	$1,559	$910	$741	$799
25	$1,769	$1,566	$914	$744	$802
26	$1,805	$1,597	$932	$759	$819
27	$1,848	$1,634	$955	$777	$837
28	$1,916	$1,695	$989	$806	$869
29	$1,972	$1,744	$1,019	$829	$894
30	$2,001	$1,769	$1,034	$842	$906
31	$2,042	$1,807	$1,055	$859	$926
32	$2,085	$1,845	$1,077	$877	$945
33	$2,112	$1,868	$1,091	$888	$958
34	$2,140	$1,893	$1,105	$900	$970
35	$2,154	$1,905	$1,113	$905	$976
36	$2,168	$1,918	$1,120	$912	$983
37	$2,182	$1,930	$1,127	$918	$989
38	$2,196	$1,942	$1,134	$924	$995
39	$2,224	$1,967	$1,149	$935	$1,009
40	$2,253	$1,992	$1,164	$947	$1,021
41	$2,295	$2,030	$1,185	$965	$1,041
42	$2,336	$2,066	$1,207	$983	$1,059
43	$2,392	$2,116	$1,236	$1,006	$1,084
44	$2,462	$2,178	$1,272	$1,036	$1,116
45	$2,545	$2,251	$1,315	$1,070	$1,153
46	$2,644	$2,339	$1,366	$1,112	$1,199
47	$2,755	$2,436	$1,423	$1,158	$1,249
48	$2,882	$2,549	$1,488	$1,212	$1,306
49	$3,007	$2,659	$1,553	$1,264	$1,363
50	$3,148	$2,784	$1,626	$1,324	$1,427
51	$3,288	$2,907	$1,698	$1,382	$1,490
52	$3,440	$3,043	$1,777	$1,447	$1,560
53	$3,596	$3,181	$1,857	$1,513	$1,630
54	$3,764	$3,328	$1,944	$1,583	$1,706
55	$3,931	$3,477	$2,031	$1,653	$1,782
56	$4,112	$3,637	$2,125	$1,730	$1,864
57	$4,295	$3,799	$2,219	$1,807	$1,947
58	$4,491	$3,972	$2,320	$1,889	$2,036
59	$4,588	$4,058	$2,370	$1,930	$2,080
60	$4,784	$4,231	$2,471	$2,012	$2,168
61	$4,953	$4,380	$2,559	$2,083	$2,245
62	$5,064	$4,479	$2,616	$2,129	$2,295
63	$5,203	$4,602	$2,688	$2,188	$2,358
64	$5,288	$4,677	$2,732	$2,224	$2,397
65+	$5,288	$4,677	$2,732	$2,224	$2,397

WASHINGTON STATE HEALTH INSURANCE POOL

BANK SERVICE PLAN AUTHORIZATION FORM

TO: The financial institution named on the Request for Bank Service Plan – Authorization Form

So that you may comply with your depositor's request, the Washington State Health Insurance Pool (WSHIP) agrees:

a) To indemnify you and hold you harmless for any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check, draft, order or direction to debit an account purporting to be executed by WSHIP and received by you in the regular course of business for the purpose of payment, including any costs or expenses reasonably incurred in connection therewith.

b) In the event that any such check, draft, order or direction shall be dishonored whether with or without cause and whether intentionally or inadvertently, to indemnify you for any loss even though dishonor results in forfeiture of insurance.

c) To defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your action taken pursuant to the foregoing request or in any manner arising by reason of your participating in the foregoing plan of premium collection.

WSHIP
WASHINGTON STATE HEALTH INSURANCE POOL

Washington State Health Insurance Pool • PO Box 780548• San Antonio TX 78278

WSHIP
WASHINGTON STATE HEALTH INSURANCE POOL

REQUEST FOR BANK SERVICE PLAN – AUTHORIZATION FORM (Optional)

For Monthly Premium Payments Only

TO: Washington State Health Insurance Pool

Please use your Bank Service Plan to make my premium payments by withdrawing funds by automatic debit entry from the account below.

WSHIP will withdraw from your account the first Friday of each month except when it falls on the 1st, 2nd, or 3rd. In that case, we will then withdraw on the second Friday of the month. If you have any questions, call WSHIP Customer Service at 1-888-277-9135.

_____

Name as shown on Account Insured / Applicant

_____

Insured / Applicant Identification Number (if you are a NEW Applicant, leave blank)

_____

Name of Financial Institution Branch

_____

City State ZIP

Transit/ABA No. _____ Account No. _____

Please indicate below the type of account to be debited:

Checking ❒ Savings ❒

As a convenience to me, I authorize WSHIP to pay and charge to my account automatic debit entries made upon my account by, and payable to, the order of Washington State Health Insurance Pool. I agree that WSHIP's rights with respect to each such charge will be the same as if it were personally executed by me. **This authorization is to remain in effect until WSHIP receives written notice from me to revoke it.** Any changes to your method of payment or automatic withdrawal, including bank information or termination of monthly bank draft**, must be submitted in writing by the 20th of the month** in order for the change to be implemented the first of the following month.

X_____ / / _____

Authorized signature as shown on account Date

ATTACH A VOIDED CHECK HERE:

Please return the Bank Service Plan to: Washington State Health Insurance Pool
PO Box 780548
San Antonio, Tx 78278