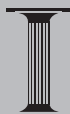


Shopping for an

Individual Health Plan



Washington State
Office of the
Insurance Commissioner
www.insurance.wa.gov

Mike Kreidler
Insurance Commissioner



Buying an individual health plan

An individual health plan is health insurance you buy directly from an insurance company for yourself or for family members. Some individual health plans may not be sold where you live. Before you select a plan, look at the chart on page 3 to see what plans are offered in your county.

Once you know which plans are offered in your county, be sure to compare the benefits and costs.

Rates

How much you'll pay a month for a plan depends on several factors including:

- Your age
- Whether or not you smoke
- The size of your family (how many people you want to cover)
- The deductible amount (what you have to pay out of pocket before the plans starts to pay)

Generally, the higher the deductible you select, the less you'll pay per month.

High-deductible/catastrophic health plans

Most of these health plans are NOT portable. This means if you select another plan in the future, you may have to wait up to **9 months** for coverage of a pre-existing condition after your insurance takes effect.

2012 Deductibles: \$1,880 or more for one person
 \$3,760 or more for two people

Before you make a final decision on costs and benefits, call the plan directly to get the most current benefit information and rates. Company contact information is available on the next page.

Shopping for individual health plans

Contact the companies

For more information about specific individual health plans, contact the insurance company using the toll-free phone number or visit their Web site.

<p>Asuris Northwest Health 1-866-704-2708 www.asurisenorthwesthealth.com</p>	<p>Premera Blue Cross 1-800-PLAN-ONE (800-752-6663) www.premera.com</p>
<p>Group Health Cooperative 1-800-358-8815 www.ghc.org</p>	<p>Regence BlueCross BlueShield of Oregon 1-888-734-3623 www.or.regence.com</p>
<p>Group Health Options 1-800-358-8815 www.ghc.org</p>	<p>Regence BlueShield of Washington 1-888-734-3623 www.wa.regence.com</p>
<p>Kaiser Foundation Health Plan of the North-west 1-800-914-5519 www.kaiserpermanente.org</p>	<p>Time Insurance Company (Assurant Health) 1-800-394-4296 www.assuranthealth.com</p>
<p>Lifewise Health Plan of Washington 1-800-592-6804 www.lifewisewa.com</p>	

To see which plans are available in your county, please review the chart on the following page.

Individual health plans by county

Asuris Northwest Health	Group Health Cooperative	Group Health Options	Kaiser Foundation Health Plan of the Northwest	Lifewise Health Plan Washington	Premiera Blue Cross	Regence BlueCross/BlueShield Oregon	Regence BlueShield Washington	Time Insurance Company	
X				X	X			X	Adams
X				X	X			X	Asotin
X	X	X		X	X			X	Benton
X				X	X			X	Chelan
				X	X		X	X	Clallam
			X	X		X		X	Clark
	X	X		X	X		X	X	Columbia
			X	X	X		X	X	Cowlitz
X				X	X			X	Douglas
X				X	X			X	Ferry
X	X	X		X	X			X	Franklin
X				X	X			X	Garfield
X				X	X			X	Grant
	X	X		X	X		X	X	Grays Harbor
	X	X		X	X		X	X	Island
				X	X		X	X	Jefferson
	X	X		X	X		X	X	King
	X	X		X	X		X	X	Kitsap
X	X	X		X	X			X	Kittitas
				X	X		X	X	Klickitat
	X	X	X	X	X		X	X	Lewis
X				X	X			X	Lincoln
	X	X		X	X		X	X	Mason
X				X	X			X	Okanogan
				X	X		X	X	Pacific
X				X	X			X	Pend Oreille
	X	X		X	X		X	X	Pierce
	X	X		X	X		X	X	San Juan
	X	X		X	X		X	X	Skagit
			X	X	X		X	X	Skamania
	X	X		X	X		X	X	Snohomish
X	X	X		X	X			X	Spokane
X				X	X			X	Stevens
	X	X		X	X		X	X	Thurston
			X	X	X		X	X	Wahkiakum
	X	X		X	X		X	X	Walla Walla
	X	X		X	X		X	X	Whatcom
X	X	X		X	X			X	Whitman
	X	X		X	X		X	X	Yakima

Asuris Northwest Health
Monthly Rates for Individual Plans
Rate Effective Date 10/1/2011

Page One

Plan Name	Smoker/Non-Smoker	Child	Age Band 0	Age Band 24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
			24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+	
Asuris Emerge Core Plan, \$2,500 Deductible	Non-Smoker	\$115	\$115	\$132	\$154	\$181	\$213	\$258	\$307	\$360	\$422	\$486
	Smoker	\$115	\$132	\$177	\$208	\$245	\$297	\$353	\$414	\$486		
Asuris Emerge Core Plan, \$5,000 Deductible	Non-Smoker	\$95	\$95	\$109	\$126	\$149	\$175	\$212	\$252	\$296	\$347	\$399
	Smoker	\$95	\$109	\$145	\$171	\$201	\$244	\$290	\$340	\$399		
Asuris Emerge Core Plan, \$7,500 Deductible	Non-Smoker	\$82	\$82	\$94	\$109	\$129	\$152	\$184	\$218	\$256	\$300	\$345
	Smoker	\$82	\$94	\$108	\$148	\$174	\$211	\$251	\$295	\$345		
Asuris Emerge Core Plan, \$10,000 Deductible	Non-Smoker	\$74	\$74	\$84	\$98	\$116	\$136	\$165	\$196	\$230	\$270	\$310
	Smoker	\$74	\$85	\$97	\$113	\$157	\$190	\$226	\$265	\$310		

Asuris Northwest Health
Monthly Rates for Individual Plans
Rate Effective Date 10/1/2011

Page Two

Plan Name	Smoker/Non-Smoker	Age Band										
		Child	24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+	
Asuris Emerge Plus Plan, \$1,000 Deductible	Non-Smoker	\$248	\$248	\$285	\$331	\$391	\$460	\$556	\$662	\$777	\$910	
	Smoker	\$248	\$285	\$328	\$380	\$449	\$528	\$639	\$761	\$893	\$1,046	
Asuris Emerge Plus Plan, \$2,500 Deductible	Non-Smoker	\$188	\$188	\$216	\$250	\$296	\$348	\$421	\$501	\$588	\$689	
	Smoker	\$188	\$216	\$248	\$288	\$340	\$400	\$484	\$576	\$676	\$792	
Asuris Emerge Plus Plan, \$5,000 Deductible	Non-Smoker	\$156	\$156	\$179	\$208	\$245	\$289	\$349	\$415	\$488	\$571	
	Smoker	\$156	\$179	\$206	\$239	\$282	\$332	\$401	\$478	\$561	\$657	
Asuris Emerge Plus Plan, \$7,500 Deductible	Non-Smoker	\$141	\$141	\$162	\$188	\$222	\$261	\$316	\$376	\$441	\$517	
	Smoker	\$141	\$162	\$186	\$216	\$255	\$300	\$363	\$432	\$507	\$594	

Asuris Northwest Health
Monthly Rates for Individual Plans
Rate Effective Date 10/1/2011

Page Three

Plan Name	Smoker/Non-Smoker	Child	Age Band										
			24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+		
Asuris Emerge HSA 50 Plan, \$2,000/\$4,000 Deductible	Non-Smoker	\$98	\$98	\$113	\$131	\$155	\$182	\$220	\$262	\$308	\$360		
	Smoker	\$98	\$130	\$151	\$178	\$209	\$253	\$301	\$354	\$414			
Asuris Emerge HSA 50 Plan, \$3,500/\$7,000 Deductible	Non-Smoker	\$78	\$90	\$105	\$123	\$145	\$176	\$209	\$245	\$287			
	Smoker	\$78	\$103	\$120	\$142	\$167	\$202	\$240	\$282	\$331			
Asuris Emerge HSA 80 Plan, \$2,000/\$4,000 Deductible	Non-Smoker	\$143	\$143	\$164	\$190	\$224	\$264	\$319	\$380	\$446	\$523		
	Smoker	\$143	\$164	\$188	\$219	\$258	\$304	\$367	\$437	\$513	\$601		
Asuris Emerge HSA 80 Plan, \$3,500/\$7,000 Deductible	Non-Smoker	\$114	\$114	\$131	\$152	\$179	\$211	\$255	\$303	\$356	\$417		
	Smoker	\$114	\$150	\$174	\$206	\$242	\$293	\$349	\$410	\$480			
Asuris Emerge HSA 100 Plan, \$5,000/\$10,000 Deductible	Non-Smoker	\$147	\$147	\$169	\$196	\$231	\$272	\$329	\$392	\$460	\$539		
	Smoker	\$147	\$194	\$225	\$266	\$313	\$379	\$451	\$529	\$620			

Group Health Cooperative

**Monthly Rates for Individual Market Plans
Effective 2/1/2012**

Plan Name	Area	Smoker/Non-Smoker	Child	Age Band 0-24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	65+(N)	(A&B)	(A)	(B)	
Welcome \$750 Deductible Plan 11	Western	Smoker	\$153	\$306	\$331	\$384	\$359	\$373	\$428	\$528	\$629	\$812	\$812	\$513	\$773	\$773	
		Non-Smoker	\$153	\$253	\$274	\$318	\$299	\$312	\$357	\$441	\$526	\$644	\$677	\$677	\$430	\$643	\$643
	Central and Eastern	Smoker	\$157	\$312	\$364	\$394	\$365	\$383	\$383	\$438	\$540	\$644	\$832	\$832	\$563	\$789	\$789
		Non-Smoker	\$157	\$260	\$303	\$329	\$306	\$318	\$318	\$364	\$451	\$536	\$695	\$695	\$468	\$657	\$657
Welcome \$2000 Deductible Plan 11	Western	Smoker	\$72	\$106	\$117	\$129	\$142	\$173	\$204	\$247	\$303	\$385	\$385	\$324	\$367	\$367	
		Non-Smoker	\$72	\$89	\$99	\$108	\$118	\$145	\$145	\$169	\$205	\$251	\$322	\$322	\$271	\$306	\$306
	Central and Eastern	Smoker	\$74	\$109	\$119	\$131	\$146	\$178	\$178	\$208	\$251	\$310	\$393	\$393	\$324	\$374	\$374
		Non-Smoker	\$74	\$90	\$101	\$110	\$120	\$147	\$147	\$174	\$210	\$258	\$328	\$328	\$271	\$312	\$312
Welcome \$3500 Deductible Plan 11	Western	Smoker	\$61	\$90	\$97	\$107	\$119	\$146	\$172	\$208	\$255	\$323	\$323	\$323	\$323	\$323	
		Non-Smoker	\$61	\$76	\$83	\$90	\$100	\$121	\$121	\$144	\$172	\$213	\$269	\$269	\$269	\$269	\$269
	Central and Eastern	Smoker	\$62	\$92	\$101	\$110	\$121	\$150	\$150	\$176	\$212	\$262	\$331	\$331	\$331	\$331	\$331
		Non-Smoker	\$62	\$77	\$84	\$92	\$102	\$123	\$123	\$147	\$176	\$217	\$276	\$276	\$276	\$276	\$276
HSA \$2000 Individual / \$4000 Family Catastrophic Deductible Plan 11	Western	Smoker	\$75	\$108	\$118	\$130	\$145	\$176	\$207	\$249	\$307	\$389	\$389	\$389	\$389	\$389	
		Non-Smoker	\$75	\$91	\$100	\$108	\$120	\$147	\$147	\$173	\$207	\$256	\$323	\$323	\$323	\$323	\$323
	Central and Eastern	Smoker	\$77	\$111	\$120	\$132	\$149	\$181	\$181	\$211	\$253	\$314	\$397	\$397	\$397	\$397	\$397
		Non-Smoker	\$77	\$92	\$102	\$110	\$122	\$149	\$149	\$178	\$212	\$263	\$329	\$329	\$329	\$329	\$329

65+(N): 65 and over, not eligible for Medicare
(A&B): Plan members enrolled in Medicare Parts A and B
(A): Plan members enrolled in Medicare Part A
(B): Plan members enrolled in Medicare Part B

Group Health Options, Inc.

**Monthly Rates for Individual Market Plans
Effective 2/1/2012**

Plan Name	Area	Smoker/Non-Smoker	Child	Age Band 24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 44	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65+
Balance 1750 Plan - 11 \$1750 Deductible	Western	Smoker	\$147	\$307	\$373	\$387	\$360	\$376	\$429	\$531	\$635	\$818	\$818	\$818
		Non-Smoker	\$147	\$256	\$311	\$325	\$300	\$314	\$359	\$442	\$528	\$682	\$682	\$682
Balance 2500 Plan - 11 \$2500 Deductible	Eastern	Smoker	\$150	\$314	\$381	\$399	\$369	\$384	\$440	\$544	\$650	\$835	\$835	\$835
		Non-Smoker	\$150	\$261	\$318	\$330	\$307	\$321	\$365	\$453	\$540	\$700	\$700	\$700
Balance 2500 Plan - 11 \$2500 Deductible	Western	Smoker	\$79	\$122	\$134	\$146	\$161	\$199	\$234	\$279	\$343	\$435	\$435	\$435
		Non-Smoker	\$79	\$100	\$110	\$123	\$135	\$164	\$194	\$234	\$286	\$363	\$363	\$363
Balance 2500 Plan - 11 \$2500 Deductible	Eastern	Smoker	\$81	\$124	\$136	\$149	\$165	\$202	\$238	\$286	\$351	\$448	\$448	\$448
		Non-Smoker	\$81	\$102	\$113	\$124	\$137	\$166	\$200	\$238	\$291	\$373	\$373	\$373
Balance 5000 Plan - 11 \$5000 Deductible	Western	Smoker	\$64	\$97	\$107	\$119	\$130	\$159	\$187	\$227	\$276	\$351	\$351	\$351
		Non-Smoker	\$64	\$83	\$89	\$97	\$108	\$132	\$155	\$187	\$231	\$293	\$293	\$293
Balance 5000 Plan - 11 \$5000 Deductible	Eastern	Smoker	\$66	\$98	\$109	\$120	\$133	\$161	\$193	\$230	\$282	\$361	\$361	\$361
		Non-Smoker	\$66	\$84	\$91	\$100	\$110	\$134	\$159	\$193	\$237	\$301	\$301	\$301
HSA \$2750 Individual/ \$5500 Family Catastrophic Plan - 11	Western	Smoker	\$77	\$117	\$128	\$140	\$155	\$189	\$224	\$269	\$331	\$419	\$419	\$419
		Non-Smoker	\$77	\$97	\$106	\$117	\$129	\$157	\$187	\$224	\$277	\$350	\$350	\$350
HSA \$2750 Individual/ \$5500 Family Catastrophic Plan - 11	Eastern	Smoker	\$79	\$119	\$130	\$143	\$160	\$193	\$229	\$274	\$338	\$429	\$429	\$429
		Non-Smoker	\$79	\$98	\$111	\$119	\$133	\$161	\$191	\$230	\$282	\$358	\$358	\$358

Kaiser Foundation Health Plan of the Northwest
KP Individuals and Families Plans - Open Plans
New Plans Open to New Enrollees on or after January 1, 2011
Clark County - Non-Smoker Rates
Effective January 1, 2012 Through December 31, 2012
 Enrolled after 12/31/2010

Subscriber Tier	Subscriber Age								
	<25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60+
KP 1000/25/Rx - Form BSWDEDG1000XX0112, RWRXGUX0112, RWVHIX0112									
Child/Subscriber Only	\$193	\$229	\$254	\$292	\$361	\$427	\$535	\$622	\$723
Subscriber + Spouse	\$386	\$458	\$508	\$584	\$722	\$854	\$1,070	\$1,244	\$1,446
Subscriber + Child	\$386	\$422	\$447	\$485	\$554	\$620	\$728	\$815	\$916
Subscriber + Children	\$598	\$712	\$737	\$775	\$844	\$910	\$1,018	\$1,105	\$1,206
Subscriber, Spouse, Child	\$579	\$651	\$701	\$777	\$915	\$1,047	\$1,263	\$1,437	\$1,639
Subscriber, Spouse, Children	\$791	\$941	\$991	\$1,067	\$1,205	\$1,337	\$1,553	\$1,727	\$1,929
KP 1500/30/Rx - Form BSWDEDS1500XX0112, RWRXGUX0112									
Child/Subscriber Only	168	198	220	253	312	370	464	539	628
Subscriber + Spouse	336	396	440	506	624	740	928	1078	1256
Subscriber + Child	336	366	388	421	480	538	632	707	796
Subscriber + Children	521	618	640	673	732	790	884	959	1048
Subscriber, Spouse, Child	504	564	608	674	792	908	1096	1246	1424
Subscriber, Spouse, Children	689	816	860	926	1044	1160	1348	1498	1676
KP 2500/30/Rx - Form BSWDEDS2500XX0112, RWRXGUX0112									
Child/Subscriber Only	\$156	\$185	\$205	\$236	\$291	\$345	\$432	\$503	\$585
Subscriber + Spouse	\$312	\$370	\$410	\$472	\$582	\$690	\$864	\$1,006	\$1,170
Subscriber + Child	\$312	\$341	\$361	\$392	\$447	\$501	\$588	\$659	\$741
Subscriber + Children	\$484	\$575	\$595	\$626	\$681	\$735	\$822	\$893	\$975
Subscriber, Spouse, Child	\$468	\$526	\$566	\$628	\$738	\$846	\$1,020	\$1,162	\$1,326
Subscriber, Spouse, Children	\$640	\$760	\$800	\$862	\$972	\$1,080	\$1,254	\$1,396	\$1,560
KP 3500/30/Rx - Form BSWDEDS3500XX0112, RWRXGUX0112									
Child/Subscriber Only	\$150	\$177	\$197	\$227	\$280	\$331	\$416	\$483	\$562
Subscriber + Spouse	\$300	\$354	\$394	\$454	\$560	\$662	\$832	\$966	\$1,124
Subscriber + Child	\$300	\$327	\$347	\$377	\$430	\$481	\$566	\$633	\$712
Subscriber + Children	\$465	\$552	\$572	\$602	\$655	\$706	\$791	\$858	\$937
Subscriber, Spouse, Child	\$450	\$504	\$544	\$604	\$710	\$812	\$982	\$1,116	\$1,274
Subscriber, Spouse, Children	\$615	\$729	\$769	\$829	\$935	\$1,037	\$1,207	\$1,341	\$1,499
KP 5000/30/Rx - Form BSWDEDS5000XX0112, RWRXGUX0112									
Child/Subscriber Only	\$137	\$162	\$180	\$207	\$256	\$303	\$379	\$441	\$513
Subscriber + Spouse	\$274	\$324	\$360	\$414	\$512	\$606	\$758	\$882	\$1,026
Subscriber + Child	\$274	\$299	\$317	\$344	\$393	\$440	\$516	\$578	\$650
Subscriber + Children	\$425	\$505	\$523	\$550	\$599	\$646	\$722	\$784	\$856
Subscriber, Spouse, Child	\$411	\$461	\$497	\$551	\$649	\$743	\$895	\$1,019	\$1,163
Subscriber, Spouse, Children	\$562	\$667	\$703	\$757	\$855	\$949	\$1,101	\$1,225	\$1,369
KP 7500/30/Rx - Form BSWDEDS7500XX0112, RWRXGUX0112									
Child/Subscriber Only	126	148	165	189	234	277	347	404	471
Subscriber + Spouse	252	296	330	378	468	554	694	808	942
Subscriber + Child	252	274	291	315	360	403	473	530	597
Subscriber + Children	391	463	480	504	549	592	662	719	786
Subscriber, Spouse, Child	378	422	456	504	594	680	820	934	1068
Subscriber, Spouse, Children	517	611	645	693	783	869	1009	1123	1257
KP 2500/35/NM - Form BSWDEDB2500XX0112									
Child/Subscriber Only	109	129	160	220	296	327	386	398	408
Subscriber + Spouse	218	258	320	440	592	654	772	796	816
Subscriber + Child	218	238	269	329	405	436	495	507	517
Subscriber + Children	338	402	433	493	569	600	659	671	681
Subscriber, Spouse, Child	327	367	429	549	701	763	881	905	925
Subscriber, Spouse, Children	447	531	593	713	865	927	1045	1069	1089
KP 3500/35/NM - Form BSWDEDB3500XX0112									
Child/Subscriber Only	106	125	155	213	287	317	373	385	397
Subscriber + Spouse	212	250	310	426	574	634	746	770	794
Subscriber + Child	212	231	261	319	393	423	479	491	503
Subscriber + Children	329	390	420	478	552	582	638	650	662
Subscriber, Spouse, Child	318	356	416	532	680	740	852	876	900
Subscriber, Spouse, Children	435	515	575	691	839	899	1011	1035	1059
KP 5000/35/NM - Form BSWDEDB5000XX0112									
Child/Subscriber Only	\$98	\$116	\$143	\$196	\$265	\$293	\$345	\$356	\$366
Subscriber + Spouse	\$196	\$232	\$286	\$392	\$530	\$586	\$690	\$712	\$732
Subscriber + Child	\$196	\$214	\$241	\$294	\$363	\$391	\$443	\$454	\$464
Subscriber + Children	\$304	\$361	\$388	\$441	\$510	\$538	\$590	\$601	\$611
Subscriber, Spouse, Child	\$294	\$330	\$384	\$490	\$628	\$684	\$788	\$810	\$830
Subscriber, Spouse, Children	\$402	\$477	\$531	\$637	\$775	\$831	\$935	\$957	\$977
KP 7500/35/NM - Form BSWDEDB7500XX0112									
Child/Subscriber Only	\$91	\$107	\$133	\$182	\$246	\$272	\$320	\$330	\$340
Subscriber + Spouse	\$182	\$214	\$266	\$364	\$492	\$544	\$640	\$660	\$680
Subscriber + Child	\$182	\$198	\$224	\$273	\$337	\$363	\$411	\$421	\$431
Subscriber + Children	\$282	\$335	\$361	\$410	\$474	\$500	\$548	\$558	\$568
Subscriber, Spouse, Child	\$273	\$305	\$357	\$455	\$583	\$635	\$731	\$751	\$771
Subscriber, Spouse, Children	\$373	\$442	\$494	\$592	\$720	\$772	\$868	\$888	\$908

Kaiser Foundation Health Plan of the Northwest
KP Individuals and Families Plans - Open Plans
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Subscriber Tier	Subscriber Age								
	<25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60+
KP 1000/25/Rx - Form BSWDEDG1000XX0112, RWRXGUX0112, RWVHIXX0112									
Child/Subscriber Only	\$236	\$279	\$310	\$357	\$441	\$522	\$654	\$760	\$885
Subscriber + Spouse	\$472	\$558	\$620	\$714	\$882	\$1,044	\$1,308	\$1,520	\$1,770
Subscriber + Child	\$472	\$515	\$546	\$593	\$677	\$758	\$890	\$996	\$1,121
Subscriber + Children	\$732	\$869	\$900	\$947	\$1,031	\$1,112	\$1,244	\$1,350	\$1,475
Subscriber, Spouse, Child	\$708	\$794	\$856	\$950	\$1,118	\$1,280	\$1,544	\$1,756	\$2,006
Subscriber, Spouse, Children	\$968	\$1,148	\$1,210	\$1,304	\$1,472	\$1,634	\$1,898	\$2,110	\$2,360
KP 1500/30/Rx - Form BSWDEDS1500XX0112, RWRXGUX0112									
Child/Subscriber Only	204	241	268	308	380	450	565	656	765
Subscriber + Spouse	408	482	536	616	760	900	1130	1312	1530
Subscriber + Child	408	445	472	512	584	654	769	860	969
Subscriber + Children	632	751	778	818	890	960	1075	1166	1275
Subscriber, Spouse, Child	612	686	740	820	964	1104	1334	1516	1734
Subscriber, Spouse, Children	836	992	1046	1126	1270	1410	1640	1822	2040
KP 2500/30/Rx - Form BSWDEDS2500XX0112, RWRXGUX0112									
Child/Subscriber Only	\$190	\$224	\$249	\$287	\$354	\$419	\$526	\$611	\$712
Subscriber + Spouse	\$380	\$448	\$498	\$574	\$708	\$838	\$1,052	\$1,222	\$1,424
Subscriber + Child	\$380	\$414	\$439	\$477	\$544	\$609	\$716	\$801	\$902
Subscriber + Children	\$589	\$699	\$724	\$762	\$829	\$894	\$1,001	\$1,086	\$1,187
Subscriber, Spouse, Child	\$570	\$638	\$688	\$764	\$898	\$1,028	\$1,242	\$1,412	\$1,614
Subscriber, Spouse, Children	\$779	\$923	\$973	\$1,049	\$1,183	\$1,313	\$1,527	\$1,697	\$1,899
KP 3500/30/Rx - Form BSWDEDS3500XX0112, RWRXGUX0112									
Child/Subscriber Only	\$182	\$215	\$239	\$275	\$340	\$402	\$505	\$587	\$682
Subscriber + Spouse	\$364	\$430	\$478	\$550	\$680	\$804	\$1,010	\$1,174	\$1,364
Subscriber + Child	\$364	\$397	\$421	\$457	\$522	\$584	\$687	\$769	\$864
Subscriber + Children	\$564	\$670	\$694	\$730	\$795	\$857	\$960	\$1,042	\$1,137
Subscriber, Spouse, Child	\$546	\$612	\$660	\$732	\$862	\$986	\$1,192	\$1,356	\$1,546
Subscriber, Spouse, Children	\$746	\$885	\$933	\$1,005	\$1,135	\$1,259	\$1,465	\$1,629	\$1,819
KP 5000/30/Rx - Form BSWDEDS5000XX0112, RWRXGUX0112									
Child/Subscriber Only	\$166	\$196	\$218	\$250	\$309	\$366	\$459	\$534	\$622
Subscriber + Spouse	\$332	\$392	\$436	\$500	\$618	\$732	\$918	\$1,068	\$1,244
Subscriber + Child	\$332	\$362	\$384	\$416	\$475	\$532	\$625	\$700	\$788
Subscriber + Children	\$515	\$611	\$633	\$665	\$724	\$781	\$874	\$949	\$1,037
Subscriber, Spouse, Child	\$498	\$558	\$602	\$666	\$784	\$898	\$1,084	\$1,234	\$1,410
Subscriber, Spouse, Children	\$681	\$807	\$851	\$915	\$1,033	\$1,147	\$1,333	\$1,483	\$1,659
KP 7500/30/Rx - Form BSWDEDS7500XX0112, RWRXGUX0112									
Child/Subscriber Only	152	179	199	229	282	334	419	487	568
Subscriber + Spouse	304	358	398	458	564	668	838	974	1136
Subscriber + Child	304	331	351	381	434	486	571	639	720
Subscriber + Children	471	559	579	609	662	714	799	867	948
Subscriber, Spouse, Child	456	510	550	610	716	820	990	1126	1288
Subscriber, Spouse, Children	623	738	778	838	944	1048	1218	1354	1516
KP 2500/35/NM - Form BSWDEDB2500XX0112									
Child/Subscriber Only	132	156	194	266	358	396	466	481	495
Subscriber + Spouse	264	312	388	532	716	792	932	962	990
Subscriber + Child	264	288	326	398	490	528	598	613	627
Subscriber + Children	409	486	524	596	688	726	796	811	825
Subscriber, Spouse, Child	396	444	520	664	848	924	1064	1094	1122
Subscriber, Spouse, Children	541	642	718	862	1046	1122	1262	1292	1320
KP 3500/35/NM - Form BSWDEDB3500XX0112									
Child/Subscriber Only	128	151	187	257	346	382	451	465	479
Subscriber + Spouse	256	302	374	514	692	764	902	930	958
Subscriber + Child	256	279	315	385	474	510	579	593	607
Subscriber + Children	397	471	507	577	666	702	771	785	799
Subscriber, Spouse, Child	384	430	502	642	820	892	1030	1058	1086
Subscriber, Spouse, Children	525	622	694	834	1012	1084	1222	1250	1278
KP 5000/35/NM - Form BSWDEDB5000XX0112									
Child/Subscriber Only	\$118	\$139	\$173	\$236	\$319	\$352	\$415	\$428	\$441
Subscriber + Spouse	\$236	\$278	\$346	\$472	\$638	\$704	\$830	\$856	\$882
Subscriber + Child	\$236	\$257	\$291	\$354	\$437	\$470	\$533	\$546	\$559
Subscriber + Children	\$366	\$434	\$468	\$531	\$614	\$647	\$710	\$723	\$736
Subscriber, Spouse, Child	\$354	\$396	\$464	\$590	\$756	\$822	\$948	\$974	\$1,000
Subscriber, Spouse, Children	\$484	\$573	\$641	\$767	\$933	\$999	\$1,125	\$1,151	\$1,177
KP 7500/35/NM - Form BSWDEDB7500XX0112									
Child/Subscriber Only	\$109	\$129	\$160	\$219	\$295	\$326	\$384	\$397	\$408
Subscriber + Spouse	\$218	\$258	\$320	\$438	\$590	\$652	\$768	\$794	\$816
Subscriber + Child	\$218	\$238	\$269	\$328	\$404	\$435	\$493	\$506	\$517
Subscriber + Children	\$338	\$402	\$433	\$492	\$568	\$599	\$657	\$670	\$681
Subscriber, Spouse, Child	\$327	\$367	\$429	\$547	\$699	\$761	\$877	\$903	\$925
Subscriber, Spouse, Children	\$447	\$531	\$593	\$711	\$863	\$925	\$1,041	\$1,067	\$1,089

Kaiser Foundation Health Plan of the Northwest
KP Individuals and Families Plans - Open Plans
New Plans Open to New Enrollees on or after January 1, 2011
Other than Clark County - Non-Smoker Rates
Effective January 1, 2012 Through December 31, 2012
 Enrolled after 12/31/2010

Subscriber Tier	Subscriber Age								
	<25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60+
KP 1000/25/Rx - Form BSWDEDG1000XX0112, RWRXGUX0112, RWVHIX0112									
Child/Subscriber Only	\$205	\$242	\$269	\$309	\$381	\$452	\$567	\$658	\$768
Subscriber + Spouse	\$410	\$484	\$538	\$618	\$762	\$904	\$1,134	\$1,316	\$1,536
Subscriber + Child	\$410	\$447	\$474	\$514	\$586	\$657	\$772	\$863	\$973
Subscriber + Children	\$636	\$755	\$782	\$822	\$894	\$965	\$1,080	\$1,171	\$1,281
Subscriber, Spouse, Child	\$615	\$689	\$743	\$823	\$967	\$1,109	\$1,339	\$1,521	\$1,741
Subscriber, Spouse, Children	\$841	\$997	\$1,051	\$1,131	\$1,275	\$1,417	\$1,647	\$1,829	\$2,049
KP 1500/30/Rx - Form BSWDEDS1500XX0112, RWRXGUX0112									
Child/Subscriber Only	179	211	235	270	333	394	495	575	670
Subscriber + Spouse	358	422	470	540	666	788	990	1150	1340
Subscriber + Child	358	390	414	449	512	573	674	754	849
Subscriber + Children	555	659	683	718	781	842	943	1023	1118
Subscriber, Spouse, Child	537	601	649	719	845	967	1169	1329	1519
Subscriber, Spouse, Children	734	870	918	988	1114	1236	1438	1598	1788
KP 2500/30/Rx - Form BSWDEDS2500XX0112, RWRXGUX0112									
Child/Subscriber Only	\$167	\$198	\$220	\$253	\$312	\$370	\$464	\$539	\$626
Subscriber + Spouse	\$334	\$396	\$440	\$506	\$624	\$740	\$928	\$1,078	\$1,252
Subscriber + Child	\$334	\$365	\$387	\$420	\$479	\$537	\$631	\$706	\$793
Subscriber + Children	\$518	\$616	\$638	\$671	\$730	\$788	\$882	\$957	\$1,044
Subscriber, Spouse, Child	\$501	\$563	\$607	\$673	\$791	\$907	\$1,095	\$1,245	\$1,419
Subscriber, Spouse, Children	\$685	\$814	\$858	\$924	\$1,042	\$1,158	\$1,346	\$1,496	\$1,670
KP 3500/30/Rx - Form BSWDEDS3500XX0112, RWRXGUX0112									
Child/Subscriber Only	\$161	\$191	\$212	\$244	\$301	\$356	\$447	\$519	\$603
Subscriber + Spouse	\$322	\$382	\$424	\$488	\$602	\$712	\$894	\$1,038	\$1,206
Subscriber + Child	\$322	\$352	\$373	\$405	\$462	\$517	\$608	\$680	\$764
Subscriber + Children	\$499	\$594	\$615	\$647	\$704	\$759	\$850	\$922	\$1,006
Subscriber, Spouse, Child	\$483	\$543	\$585	\$649	\$763	\$873	\$1,055	\$1,199	\$1,367
Subscriber, Spouse, Children	\$660	\$785	\$827	\$891	\$1,005	\$1,115	\$1,297	\$1,441	\$1,609
KP 5000/30/Rx - Form BSWDEDS5000XX0112, RWRXGUX0112									
Child/Subscriber Only	\$148	\$175	\$195	\$224	\$277	\$327	\$411	\$477	\$555
Subscriber + Spouse	\$296	\$350	\$390	\$448	\$554	\$654	\$822	\$954	\$1,110
Subscriber + Child	\$296	\$323	\$343	\$372	\$425	\$475	\$559	\$625	\$703
Subscriber + Children	\$459	\$545	\$565	\$594	\$647	\$697	\$781	\$847	\$925
Subscriber, Spouse, Child	\$444	\$498	\$538	\$596	\$702	\$802	\$970	\$1,102	\$1,258
Subscriber, Spouse, Children	\$607	\$720	\$760	\$818	\$924	\$1,024	\$1,192	\$1,324	\$1,480
KP 7500/30/Rx - Form BSWDEDS7500XX0112, RWRXGUX0112									
Child/Subscriber Only	137	162	180	206	255	302	379	440	513
Subscriber + Spouse	274	324	360	412	510	604	758	880	1026
Subscriber + Child	274	299	317	343	392	439	516	577	650
Subscriber + Children	425	505	523	549	598	645	722	783	856
Subscriber, Spouse, Child	411	461	497	549	647	741	895	1017	1163
Subscriber, Spouse, Children	562	667	703	755	853	947	1101	1223	1369
KP 2500/35/NM - Form BSWDEDB2500XX0112									
Child/Subscriber Only	119	140	174	239	322	356	419	433	445
Subscriber + Spouse	238	280	348	478	644	712	838	866	890
Subscriber + Child	238	259	293	358	441	475	538	552	564
Subscriber + Children	369	438	472	537	620	654	717	731	743
Subscriber, Spouse, Child	357	399	467	597	763	831	957	985	1009
Subscriber, Spouse, Children	488	578	646	776	942	1010	1136	1164	1188
KP 3500/35/NM - Form BSWDEDB3500XX0112									
Child/Subscriber Only	115	136	169	232	312	345	406	420	431
Subscriber + Spouse	230	272	338	464	624	690	812	840	862
Subscriber + Child	230	251	284	347	427	460	521	535	546
Subscriber + Children	357	424	457	520	600	633	694	708	719
Subscriber, Spouse, Child	345	387	453	579	739	805	927	955	977
Subscriber, Spouse, Children	472	560	626	752	912	978	1100	1128	1150
KP 5000/35/NM - Form BSWDEDB5000XX0112									
Child/Subscriber Only	\$107	\$127	\$157	\$215	\$290	\$321	\$378	\$390	\$401
Subscriber + Spouse	\$214	\$254	\$314	\$430	\$580	\$642	\$756	\$780	\$802
Subscriber + Child	\$214	\$234	\$264	\$322	\$397	\$428	\$485	\$497	\$508
Subscriber + Children	\$332	\$395	\$425	\$483	\$558	\$589	\$646	\$658	\$669
Subscriber, Spouse, Child	\$321	\$361	\$421	\$537	\$687	\$749	\$863	\$887	\$909
Subscriber, Spouse, Children	\$439	\$522	\$582	\$698	\$848	\$910	\$1,024	\$1,048	\$1,070
KP 7500/35/NM - Form BSWDEDB7500XX0112									
Child/Subscriber Only	\$100	\$118	\$147	\$201	\$271	\$300	\$353	\$365	\$375
Subscriber + Spouse	\$200	\$236	\$294	\$402	\$542	\$600	\$706	\$730	\$750
Subscriber + Child	\$200	\$218	\$247	\$301	\$371	\$400	\$453	\$465	\$475
Subscriber + Children	\$310	\$368	\$397	\$451	\$521	\$550	\$603	\$615	\$625
Subscriber, Spouse, Child	\$300	\$336	\$394	\$502	\$642	\$700	\$806	\$830	\$850
Subscriber, Spouse, Children	\$410	\$486	\$544	\$652	\$792	\$850	\$956	\$980	\$1,000

Kaiser Foundation Health Plan of the Northwest
KP Individuals and Families Plans - Open Plans
New Plans Open to New Enrollees on or after January 1, 2011
Other than Clark County - Smoker Rates
Effective January 1, 2012 Through December 31, 2012
 Enrolled after 12/31/2010

Subscriber Tier	Subscriber Age								
	<25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60+
<u>KP 1000/25/Rx - Form BSWDEDEG1000XX0112, RWRXGUXX0112, RRVHIXX0112</u>									
Child/Subscriber Only	\$248	\$293	\$325	\$374	\$462	\$546	\$685	\$797	\$929
Subscriber + Spouse	\$496	\$586	\$650	\$748	\$924	\$1,092	\$1,370	\$1,594	\$1,858
Subscriber + Child	\$496	\$541	\$573	\$622	\$710	\$794	\$933	\$1,045	\$1,177
Subscriber + Children	\$769	\$913	\$945	\$994	\$1,082	\$1,166	\$1,305	\$1,417	\$1,549
Subscriber, Spouse, Child	\$744	\$834	\$898	\$996	\$1,172	\$1,340	\$1,618	\$1,842	\$2,106
Subscriber, Spouse, Children	\$1,017	\$1,206	\$1,270	\$1,368	\$1,544	\$1,712	\$1,990	\$2,214	\$2,478
<u>KP 1500/30/Rx - Form BSWDEDS1500XX0112, RWRXGUXX0112</u>									
Child/Subscriber Only	215	254	283	325	401	475	596	692	806
Subscriber + Spouse	430	508	566	650	802	950	1192	1384	1612
Subscriber + Child	430	469	498	540	616	690	811	907	1021
Subscriber + Children	667	792	821	863	939	1013	1134	1230	1344
Subscriber, Spouse, Child	645	723	781	865	1017	1165	1407	1599	1827
Subscriber, Spouse, Children	882	1046	1104	1188	1340	1488	1730	1922	2150
<u>KP 2500/30/Rx - Form BSWDEDS2500XX0112, RWRXGUXX0112</u>									
Child/Subscriber Only	\$201	\$238	\$264	\$304	\$375	\$444	\$557	\$647	\$753
Subscriber + Spouse	\$402	\$476	\$528	\$608	\$750	\$888	\$1,114	\$1,294	\$1,506
Subscriber + Child	\$402	\$439	\$465	\$505	\$576	\$645	\$758	\$848	\$954
Subscriber + Children	\$623	\$741	\$767	\$807	\$878	\$947	\$1,060	\$1,150	\$1,256
Subscriber, Spouse, Child	\$603	\$677	\$729	\$809	\$951	\$1,089	\$1,315	\$1,495	\$1,707
Subscriber, Spouse, Children	\$824	\$979	\$1,031	\$1,111	\$1,253	\$1,391	\$1,617	\$1,797	\$2,009
<u>KP 3500/30/Rx - Form BSWDEDS3500XX0112, RWRXGUXX0112</u>									
Child/Subscriber Only	\$194	\$229	\$254	\$292	\$361	\$427	\$536	\$623	\$726
Subscriber + Spouse	\$388	\$458	\$508	\$584	\$722	\$854	\$1,072	\$1,246	\$1,452
Subscriber + Child	\$388	\$423	\$448	\$486	\$555	\$621	\$730	\$817	\$920
Subscriber + Children	\$601	\$714	\$739	\$777	\$846	\$912	\$1,021	\$1,108	\$1,211
Subscriber, Spouse, Child	\$582	\$652	\$702	\$778	\$916	\$1,048	\$1,266	\$1,440	\$1,646
Subscriber, Spouse, Children	\$795	\$943	\$993	\$1,069	\$1,207	\$1,339	\$1,557	\$1,731	\$1,937
<u>KP 5000/30/Rx - Form BSWDEDS5000XX0112, RWRXGUXX0112</u>									
Child/Subscriber Only	\$177	\$209	\$233	\$267	\$330	\$391	\$491	\$570	\$663
Subscriber + Spouse	\$354	\$418	\$466	\$534	\$660	\$782	\$982	\$1,140	\$1,326
Subscriber + Child	\$354	\$386	\$410	\$444	\$507	\$568	\$668	\$747	\$840
Subscriber + Children	\$549	\$652	\$676	\$710	\$773	\$834	\$934	\$1,013	\$1,106
Subscriber, Spouse, Child	\$531	\$595	\$643	\$711	\$837	\$959	\$1,159	\$1,317	\$1,503
Subscriber, Spouse, Children	\$726	\$861	\$909	\$977	\$1,103	\$1,225	\$1,425	\$1,583	\$1,769
<u>KP 7500/30/Rx - Form BSWDEDS7500XX0112, RWRXGUXX0112</u>									
Child/Subscriber Only	163	192	214	246	303	359	451	524	610
Subscriber + Spouse	326	384	428	492	606	718	902	1048	1220
Subscriber + Child	326	355	377	409	466	522	614	687	773
Subscriber + Children	505	600	622	654	711	767	859	932	1018
Subscriber, Spouse, Child	489	547	591	655	769	881	1065	1211	1383
Subscriber, Spouse, Children	668	792	836	900	1014	1126	1310	1456	1628
<u>KP 2500/35/NM - Form BSWDEDB2500XX0112</u>									
Child/Subscriber Only	142	167	208	285	384	424	500	516	531
Subscriber + Spouse	284	334	416	570	768	848	1000	1032	1062
Subscriber + Child	284	309	350	427	526	566	642	658	673
Subscriber + Children	440	522	563	640	739	779	855	871	886
Subscriber, Spouse, Child	426	476	558	712	910	990	1142	1174	1204
Subscriber, Spouse, Children	582	689	771	925	1123	1203	1355	1387	1417
<u>KP 3500/35/NM - Form BSWDEDB3500XX0112</u>									
Child/Subscriber Only	137	162	201	276	372	411	484	500	513
Subscriber + Spouse	274	324	402	552	744	822	968	1000	1026
Subscriber + Child	274	299	338	413	509	548	621	637	650
Subscriber + Children	425	505	544	619	715	754	827	843	856
Subscriber, Spouse, Child	411	461	539	689	881	959	1105	1137	1163
Subscriber, Spouse, Children	562	667	745	895	1087	1165	1311	1343	1369
<u>KP 5000/35/NM - Form BSWDEDB5000XX0112</u>									
Child/Subscriber Only	\$127	\$150	\$186	\$255	\$344	\$381	\$448	\$463	\$476
Subscriber + Spouse	\$254	\$300	\$372	\$510	\$688	\$762	\$896	\$926	\$952
Subscriber + Child	\$254	\$277	\$313	\$382	\$471	\$508	\$575	\$590	\$603
Subscriber + Children	\$394	\$468	\$504	\$573	\$662	\$699	\$766	\$781	\$794
Subscriber, Spouse, Child	\$381	\$427	\$499	\$637	\$815	\$889	\$1,023	\$1,053	\$1,079
Subscriber, Spouse, Children	\$521	\$618	\$690	\$828	\$1,006	\$1,080	\$1,214	\$1,244	\$1,270
<u>KP 7500/35/NM - Form BSWDEDB7500XX0112</u>									
Child/Subscriber Only	\$118	\$140	\$174	\$238	\$320	\$354	\$417	\$431	\$442
Subscriber + Spouse	\$236	\$280	\$348	\$476	\$640	\$708	\$834	\$862	\$884
Subscriber + Child	\$236	\$258	\$292	\$356	\$438	\$472	\$535	\$549	\$560
Subscriber + Children	\$366	\$435	\$469	\$533	\$615	\$649	\$712	\$726	\$737
Subscriber, Spouse, Child	\$354	\$398	\$466	\$594	\$758	\$826	\$952	\$980	\$1,002
Subscriber, Spouse, Children	\$484	\$575	\$643	\$771	\$935	\$1,003	\$1,129	\$1,157	\$1,179

Lifewise Health Plan of Washington

2012 Monthly Rates for Individual Market Plans

Effective 1/1/2012

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Per Adult	Comprehensive Plan	
	WiseAdvantage (\$1,800 Ded)	
Age Band	Non-Smoker	Smoker
<25	\$205	\$240
25-29	\$233	\$270
30-34	\$268	\$311
35-39	\$321	\$374
40-44	\$376	\$440
45-49	\$473	\$547
50-54	\$579	\$674
55-59	\$674	\$782
60+	\$767	\$897
Per Child	\$173	

Per Adult	HSA Compatible Plans							
	WiseSavings 20 Plan (\$1,880 Ded) IND		WiseSavings 20 Plan (\$3,760 Ded) FAM		WiseSavings 20 Plan (\$3,000 Ded) IND		WiseSavings 20 Plan (\$6,000 Ded) FAM	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$156	\$182	\$115	\$136	\$123	\$145	\$96	\$111
25-29	\$177	\$205	\$130	\$152	\$139	\$163	\$106	\$123
30-34	\$204	\$236	\$151	\$175	\$163	\$190	\$123	\$144
35-39	\$243	\$285	\$180	\$210	\$196	\$225	\$146	\$173
40-44	\$287	\$336	\$212	\$248	\$231	\$268	\$174	\$204
45-49	\$361	\$416	\$266	\$307	\$287	\$334	\$219	\$252
50-54	\$440	\$513	\$326	\$379	\$351	\$409	\$268	\$313
55-59	\$513	\$595	\$379	\$440	\$412	\$476	\$313	\$363
60+	\$583	\$682	\$431	\$505	\$461	\$543	\$353	\$413
Per Child	N/A		\$98		N/A		\$79	

Lifewise Health Plan of Washington

2012 Monthly Rates for Individual Market Plans

Effective 1/1/2012

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Per Adult	Value Plan							
	WiseEssentials Rx (\$1,880 Ded)		WiseEssentials Rx (\$2,500 Ded)		WiseEssentials Rx (\$3,500 Ded)			
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Age Band								
<25	\$137	\$161	\$118	\$138	\$105	\$125		
25-29	\$156	\$180	\$133	\$155	\$120	\$140		
30-34	\$179	\$208	\$153	\$177	\$138	\$160		
35-39	\$214	\$250	\$184	\$214	\$165	\$192		
40-44	\$251	\$295	\$215	\$252	\$193	\$227		
45-49	\$316	\$365	\$271	\$314	\$244	\$282		
50-54	\$387	\$450	\$332	\$387	\$298	\$348		
55-59	\$450	\$522	\$387	\$448	\$348	\$402		
60+	\$513	\$600	\$440	\$514	\$393	\$461		
Per Child	\$116		\$98		\$89			

Per Adult	Value Plan							
	WiseEssentials Copay (\$5,000 Ded)		WiseEssentials Copay (\$7,500 Ded)		WiseEssentials Copay (\$10,000 Ded)		WiseSimplicity (\$10,000 Ded)	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Age Band								
<25	\$94	\$110	\$76	\$91	\$68	\$78		
25-29	\$106	\$123	\$89	\$101	\$75	\$87		
30-34	\$122	\$143	\$99	\$117	\$87	\$102		
35-39	\$148	\$172	\$119	\$140	\$104	\$121		
40-44	\$173	\$202	\$141	\$166	\$122	\$144		
45-49	\$217	\$250	\$177	\$203	\$154	\$178		
50-54	\$266	\$309	\$216	\$251	\$189	\$220		
55-59	\$309	\$360	\$251	\$293	\$220	\$256		
60+	\$352	\$411	\$285	\$335	\$249	\$291		
Per Child	\$78		\$64		\$55			

Premera Blue Cross Individual Plans

Effective 1/1/2012

Per Adult	Preferred 35 Contract - 022360(01-2012)	
Age Band	Non-Smoker	Smoker
<25	\$301	\$349
25-29	\$356	\$415
30-34	\$373	\$430
35-39	\$415	\$483
40-44	\$548	\$638
45-49	\$638	\$741
50-54	\$731	\$852
55-59	\$887	\$1,031
60-64	\$1,036	\$1,204
65+	\$1,109	\$1,289
Per Child	\$228	

Regence BlueCross BlueShield of Oregon

Monthly Rates for Individual Plans

Rate Effective Date 8/1/2011

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Plan Name	Smoker/Non-Smoker	Age Band										
		Child	24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+	
Regence Evolve Core Plan, \$2,500 Deductible	Non-Smoker	\$137	\$137	\$157	\$183	\$216	\$254	\$307	\$365	\$429	\$502	
	Smoker	\$137	\$158	\$181	\$210	\$248	\$292	\$353	\$420	\$493	\$578	
Regence Evolve Core Plan, \$5,000 Deductible	Non-Smoker	\$114	\$114	\$130	\$151	\$179	\$210	\$254	\$303	\$355	\$416	
	Smoker	\$114	\$131	\$150	\$174	\$206	\$242	\$293	\$348	\$409	\$479	
Regence Evolve Core Plan, \$7,500 Deductible	Non-Smoker	\$103	\$103	\$118	\$137	\$162	\$190	\$230	\$274	\$322	\$377	
	Smoker	\$103	\$118	\$136	\$158	\$186	\$219	\$265	\$315	\$370	\$434	
Regence Evolve Core Plan, \$10,000 Deductible	Non-Smoker	\$95	\$95	\$109	\$126	\$149	\$175	\$212	\$253	\$296	\$347	
	Smoker	\$95	\$109	\$125	\$145	\$171	\$202	\$244	\$290	\$341	\$399	

Regence BlueCross BlueShield of Oregon

Monthly Rates for Individual Plans

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Plan Name	Smoker/Non-Smoker	Age Band										
		Child	24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+	
Regence Evolve Plus Plan, \$1,000 Deductible	Non-Smoker	\$292	\$292	\$336	\$390	\$460	\$542	\$655	\$780	\$915	\$1,072	
	Smoker	\$292	\$336	\$386	\$448	\$529	\$623	\$754	\$897	\$1,053	\$1,233	
Regence Evolve Plus Plan, \$2,500 Deductible	Non-Smoker	\$229	\$229	\$263	\$305	\$360	\$424	\$513	\$610	\$716	\$839	
	Smoker	\$229	\$263	\$302	\$351	\$414	\$487	\$590	\$702	\$824	\$965	
Regence Evolve Plus Plan, \$5,000 Deductible	Non-Smoker	\$190	\$190	\$218	\$253	\$299	\$352	\$426	\$506	\$594	\$696	
	Smoker	\$190	\$218	\$251	\$291	\$344	\$404	\$489	\$582	\$683	\$801	
Regence Evolve Plus Plan, \$7,500 Deductible	Non-Smoker	\$172	\$172	\$197	\$229	\$270	\$318	\$385	\$458	\$538	\$630	
	Smoker	\$172	\$198	\$227	\$263	\$311	\$366	\$443	\$527	\$618	\$724	

Regence BlueCross BlueShield of Oregon

Monthly Rates for Individual Plans

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Plan Name	Smoker/Non-Smoker	Age Band 0										
		Child	24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+	
Regence Evolve HSA 50 Plan, \$2,000/\$4,000 Deductible	Non-Smoker	\$103	\$103	\$119	\$138	\$163	\$192	\$232	\$276	\$324	\$379	
	Smoker	\$103	\$119	\$137	\$159	\$187	\$220	\$267	\$317	\$372	\$436	
Regence Evolve HSA 50 Plan, \$3,500/\$7,000 Deductible	Non-Smoker	\$83	\$83	\$95	\$110	\$130	\$153	\$185	\$220	\$258	\$303	
	Smoker	\$83	\$95	\$109	\$127	\$149	\$176	\$213	\$253	\$297	\$348	
Regence Evolve HSA 80 Plan, \$2,000/\$4,000 Deductible	Non-Smoker	\$172	\$172	\$198	\$229	\$271	\$319	\$386	\$459	\$539	\$631	
	Smoker	\$172	\$198	\$227	\$264	\$312	\$367	\$443	\$528	\$619	\$726	
Regence Evolve HSA 80 Plan, \$3,500/\$7,000 Deductible	Non-Smoker	\$138	\$138	\$158	\$183	\$216	\$255	\$308	\$367	\$430	\$504	
	Smoker	\$138	\$158	\$182	\$211	\$249	\$293	\$354	\$422	\$495	\$580	
Regence Evolve HSA 100 Plan, \$5,000/\$10,000 Deductible	Non-Smoker	\$171	\$171	\$197	\$228	\$269	\$317	\$383	\$456	\$536	\$628	
	Smoker	\$171	\$197	\$226	\$262	\$310	\$364	\$441	\$525	\$616	\$722	

Regence BlueShield

Monthly Rates for Individual Plans

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Plan Name	Smoker/Non-Smoker	Age Band										
		Child	24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+	
Regence Evolve Core Plan, \$2,500 Deductible	Non-Smoker	\$110	\$110	\$127	\$147	\$174	\$205	\$248	\$295	\$346	\$405	
	Smoker	\$110	\$127	\$146	\$169	\$200	\$235	\$285	\$339	\$398	\$466	
Regence Evolve Core Plan, \$5,000 Deductible	Non-Smoker	\$91	\$91	\$104	\$121	\$143	\$168	\$203	\$242	\$284	\$333	
	Smoker	\$91	\$104	\$120	\$139	\$164	\$193	\$234	\$278	\$326	\$382	
Regence Evolve Core Plan, \$7,500 Deductible	Non-Smoker	\$79	\$79	\$90	\$105	\$124	\$146	\$176	\$210	\$246	\$288	
	Smoker	\$79	\$90	\$104	\$121	\$142	\$167	\$203	\$241	\$283	\$332	
Regence Evolve Core Plan, \$10,000 Deductible	Non-Smoker	\$71	\$71	\$81	\$94	\$111	\$131	\$158	\$188	\$221	\$259	
	Smoker	\$71	\$81	\$93	\$108	\$128	\$150	\$182	\$217	\$254	\$298	

Regence BlueShield
Monthly Rates for Individual Plans
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Plan Name	Smoker/Non-Smoker	Age Band										
		Child	24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+	
Regence Evolve Plus Plan, \$1,000 Deductible	Non-Smoker	\$238	\$238	\$273	\$317	\$375	\$441	\$533	\$635	\$745	\$873	
	Smoker	\$238	\$274	\$314	\$365	\$431	\$507	\$613	\$730	\$857	\$1,004	
Regence Evolve Plus Plan, \$2,500 Deductible	Non-Smoker	\$180	\$180	\$207	\$240	\$284	\$334	\$404	\$480	\$564	\$660	
	Smoker	\$180	\$207	\$238	\$276	\$326	\$384	\$464	\$552	\$648	\$759	
Regence Evolve Plus Plan, \$5,000 Deductible	Non-Smoker	\$149	\$149	\$172	\$199	\$235	\$277	\$335	\$399	\$468	\$548	
	Smoker	\$149	\$172	\$197	\$229	\$271	\$318	\$385	\$458	\$538	\$630	
Regence Evolve Plus Plan, \$7,500 Deductible	Non-Smoker	\$135	\$135	\$155	\$180	\$213	\$250	\$303	\$361	\$423	\$496	
	Smoker	\$135	\$155	\$179	\$207	\$245	\$288	\$348	\$415	\$487	\$570	

Regence BlueShield

Monthly Rates for Individual Plans

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Plan Name	Smoker/Non-Smoker	Child	Age Band 0	Age Band 24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
			24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+	
Regence Evolve HSA 50 Plan, \$2,000/\$4,000 Deductible	Non-Smoker	\$94	\$94	\$108	\$126	\$148	\$175	\$211	\$251	\$295	\$346	
	Smoker	\$94	\$108	\$124	\$145	\$171	\$201	\$243	\$289	\$339	\$397	
Regence Evolve HSA 50 Plan, \$3,500/\$7,000 Deductible	Non-Smoker	\$75	\$75	\$86	\$100	\$118	\$139	\$168	\$200	\$235	\$276	
	Smoker	\$75	\$86	\$99	\$115	\$136	\$160	\$194	\$231	\$271	\$317	
Regence Evolve HSA 80 Plan, \$2,000/\$4,000 Deductible	Non-Smoker	\$137	\$137	\$157	\$182	\$215	\$253	\$306	\$365	\$428	\$501	
	Smoker	\$137	\$157	\$181	\$210	\$248	\$291	\$352	\$419	\$492	\$577	
Regence Evolve HSA 80 Plan, \$3,500/\$7,000 Deductible	Non-Smoker	\$109	\$109	\$125	\$146	\$172	\$202	\$245	\$291	\$342	\$400	
	Smoker	\$109	\$126	\$144	\$167	\$198	\$232	\$281	\$335	\$393	\$460	
Regence Evolve HSA 100 Plan, \$5,000/\$10,000 Deductible	Non-Smoker	\$141	\$141	\$162	\$188	\$222	\$261	\$316	\$376	\$441	\$517	
	Smoker	\$141	\$162	\$186	\$216	\$255	\$300	\$363	\$432	\$507	\$594	

TIME INSURANCE COMPANY

HSA PLAN

NON-GRANDFATHERED PLANS
EFFECTIVE OCTOBER 2011

		INDIVIDUAL		FAMILY	
		\$2,700	\$2,700	\$5,400	\$5,400
		20%	20%	20%	20%
		\$4,700	\$4,700	\$9,400	\$9,400
		NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO
Type:					
Area	Age				
Deductible	Under 25	\$145.02	\$173.43	\$128.03	\$153.03
Coin	25-29	\$162.77	\$194.72	\$143.66	\$171.79
Out of Pocket w/Ded	30-34	\$187.63	\$224.55	\$165.54	\$198.05
Type:	35-39	\$223.13	\$267.16	\$196.80	\$235.56
	40-44	\$265.74	\$318.29	\$234.30	\$280.56
	45-49	\$329.65	\$394.98	\$290.57	\$348.08
	50-54	\$402.66	\$482.19	\$355.08	\$425.09
	55-59	\$473.67	\$567.40	\$417.60	\$500.12
	60-64	\$537.58	\$644.10	\$473.85	\$567.62
	Child	\$102.42	\$102.42	\$90.52	\$90.52
Urban	Under 25	\$151.92	\$181.71	\$134.10	\$160.32
	25-29	\$170.53	\$204.04	\$150.49	\$179.99
	30-34	\$196.59	\$235.31	\$173.44	\$207.52
	35-39	\$233.83	\$279.99	\$206.21	\$246.86
	40-44	\$278.51	\$333.61	\$245.54	\$294.05
	45-49	\$345.52	\$414.02	\$304.54	\$364.85
	50-54	\$421.98	\$505.37	\$372.08	\$445.50
	55-59	\$496.44	\$594.73	\$437.64	\$524.17
	60-64	\$563.46	\$675.15	\$496.63	\$594.96
	Child	\$107.25	\$107.25	\$94.77	\$94.77

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Zip Codes
Urban: 980-985
Rural: 986-994

TIME INSURANCE COMPANY

COMPREHENSIVE PLAN

NON-GRANDFATHERED PLANS
EFFECTIVE OCTOBER 2011

		\$1,500	\$1,500
		25%	25%
		\$9,000	\$9,000
		NON-TOBACCO	TOBACCO
Type:			
Area	Age		
Deductible	Under 25	\$254.11	\$304.93
Coin	25-29	\$285.88	\$343.05
Out of Pocket w/Ded	30-34	\$330.35	\$396.42
Type:	35-39	\$393.87	\$472.64
	40-44	\$470.10	\$564.12
	45-49	\$584.46	\$701.35
	50-54	\$711.51	\$853.82
	55-59	\$838.57	\$1,006.28
	60-64	\$952.92	\$1,143.50
	Child	\$177.88	\$177.88
Urban	Under 25	\$266.46	\$319.75
	25-29	\$299.77	\$359.72
	30-34	\$346.40	\$415.67
	35-39	\$413.01	\$495.61
	40-44	\$492.94	\$591.53
	45-49	\$612.85	\$735.42
	50-54	\$746.08	\$895.30
	55-59	\$879.31	\$1,055.17
	60-64	\$999.21	\$1,199.06
	Child	\$186.52	\$186.52

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Need more help? Call our Insurance Consumer Hotline!

1-800-562-6900

Or visit us at www.insurance.wa.gov

Our professional consumer advocates provide assistance, enforce insurance law, and can investigate complaints against insurance companies and agents on your behalf.

We also offer individual counseling and group education on health care issues in your community. Our highly trained Statewide Health Insurance Benefits Advisors (SHIBA) HelpLine volunteers can help you understand your rights and options regarding health care coverage, prescription drugs, government programs, long-term care options and more.

