



*Plans below listed by Metal Level

| Product Summary - Rating Area 1 | | | |
|---------------------------------|--|----------------|-----------------|
| Metal Level | Plan Name | HHS Plan ID | Exchange Status |
| Bronze | Bronze Care on Demand 8000 EPO UW Medicine | 87718WA2150020 | Off Exchange |
| Bronze | Bronze Essential 7500 EPO UW Medicine | 87718WA2150021 | Off Exchange |
| Bronze | Bronze HSA 5200 EPO UW Medicine | 87718WA2150019 | Off Exchange |
| Silver | Silver Care on Demand 4000 EPO UW Medicine | 87718WA2150018 | Off Exchange |
| Silver | Silver HSA 2700 EPO UW Medicine | 87718WA2150017 | Off Exchange |
| Silver | Silver 3200 EPO UW Medicine | 87718WA2150016 | Off Exchange |
| Gold | Gold 1200 EPO UW Medicine | 87718WA2150015 | Off Exchange |

| Additional Stand-alone Benefits | |
|--|--|
| Policy Name | |
| Regence Adult Dental and Vision Policy | |

Rating Area 1

Network: UW MEDICINE

*Plans available in only King county

| Plan Name | NON-TOBACCO | | |
|-----------|----------------------------|-----------------------------|---------------------------------|
| | Gold | Silver | Silver |
| | Gold 1200 EPO UW Medicine | Silver 3200 EPO UW Medicine | Silver HSA 2700 EPO UW Medicine |
| | HHS Plan ID 87718WA2150015 | 87718WA2150016 | 87718WA2150017 |
| Exchange | Off Exchange | Off Exchange | Off Exchange |
| Age | Monthly Premium Rate | Monthly Premium Rate | Monthly Premium Rate |
| 0-14 | \$314.25 | \$236.17 | \$248.21 |
| 15 | \$342.19 | \$257.16 | \$270.28 |
| 16 | \$352.87 | \$265.19 | \$278.71 |
| 17 | \$363.55 | \$273.22 | \$287.15 |
| 18 | \$375.05 | \$281.86 | \$296.23 |
| 19 | \$386.55 | \$290.51 | \$305.32 |
| 20 | \$398.47 | \$299.46 | \$314.73 |
| 21 | \$410.79 | \$308.72 | \$324.46 |
| 22 | \$410.79 | \$308.72 | \$324.46 |
| 23 | \$410.79 | \$308.72 | \$324.46 |
| 24 | \$410.79 | \$308.72 | \$324.46 |
| 25 | \$412.43 | \$309.95 | \$325.76 |
| 26 | \$420.65 | \$316.13 | \$332.25 |
| 27 | \$430.51 | \$323.54 | \$340.03 |
| 28 | \$446.53 | \$335.58 | \$352.69 |
| 29 | \$459.67 | \$345.46 | \$363.07 |
| 30 | \$466.25 | \$350.40 | \$368.26 |
| 31 | \$476.11 | \$357.81 | \$376.05 |
| 32 | \$485.96 | \$365.22 | \$383.84 |
| 33 | \$492.13 | \$369.85 | \$388.70 |
| 34 | \$498.70 | \$374.79 | \$393.89 |
| 35 | \$501.99 | \$377.26 | \$396.49 |
| 36 | \$505.27 | \$379.73 | \$399.09 |
| 37 | \$508.56 | \$382.20 | \$401.68 |
| 38 | \$511.84 | \$384.67 | \$404.28 |
| 39 | \$518.42 | \$389.60 | \$409.47 |
| 40 | \$524.99 | \$394.54 | \$414.66 |
| 41 | \$534.85 | \$401.95 | \$422.45 |
| 42 | \$544.30 | \$409.05 | \$429.91 |
| 43 | \$557.44 | \$418.93 | \$440.29 |
| 44 | \$573.87 | \$431.28 | \$453.27 |
| 45 | \$593.18 | \$445.79 | \$468.52 |
| 46 | \$616.19 | \$463.08 | \$486.69 |
| 47 | \$642.06 | \$482.53 | \$507.13 |
| 48 | \$671.64 | \$504.76 | \$530.49 |
| 49 | \$700.81 | \$526.68 | \$553.53 |
| 50 | \$733.67 | \$551.37 | \$579.49 |
| 51 | \$766.12 | \$575.76 | \$605.12 |
| 52 | \$801.86 | \$602.62 | \$633.35 |
| 53 | \$838.01 | \$629.79 | \$661.90 |
| 54 | \$877.04 | \$659.12 | \$692.72 |
| 55 | \$916.06 | \$688.45 | \$723.55 |
| 56 | \$958.37 | \$720.24 | \$756.97 |
| 57 | \$1,001.10 | \$752.35 | \$790.71 |
| 58 | \$1,046.69 | \$786.62 | \$826.72 |
| 59 | \$1,069.29 | \$803.60 | \$844.57 |
| 60 | \$1,114.88 | \$837.87 | \$880.58 |
| 61 | \$1,154.32 | \$867.50 | \$911.73 |
| 62 | \$1,180.20 | \$886.95 | \$932.17 |
| 63 | \$1,212.65 | \$911.34 | \$957.81 |
| 64 | \$1,232.37 | \$926.16 | \$973.38 |
| 65+ | \$1,232.37 | \$926.16 | \$973.38 |

| Plan Name | TOBACCO | | |
|-----------|----------------------------|-----------------------------|---------------------------------|
| | Gold | Silver | Silver |
| | Gold 1200 EPO UW Medicine | Silver 3200 EPO UW Medicine | Silver HSA 2700 EPO UW Medicine |
| | HHS Plan ID 87718WA2150015 | 87718WA2150016 | 87718WA2150017 |
| Exchange | Off Exchange | Off Exchange | Off Exchange |
| Age | Monthly Premium Rate | Monthly Premium Rate | Monthly Premium Rate |
| 0-14 | \$314.25 | \$236.17 | \$248.21 |
| 15 | \$342.19 | \$257.16 | \$270.28 |
| 16 | \$352.87 | \$265.19 | \$278.71 |
| 17 | \$363.55 | \$273.22 | \$287.15 |
| 18 | \$375.05 | \$281.86 | \$296.23 |
| 19 | \$386.55 | \$290.51 | \$305.32 |
| 20 | \$398.47 | \$299.46 | \$314.73 |
| 21 | \$472.41 | \$355.03 | \$373.13 |
| 22 | \$472.41 | \$355.03 | \$373.13 |
| 23 | \$472.41 | \$355.03 | \$373.13 |
| 24 | \$472.41 | \$355.03 | \$373.13 |
| 25 | \$474.30 | \$356.45 | \$374.62 |
| 26 | \$483.75 | \$363.55 | \$382.08 |
| 27 | \$495.08 | \$372.07 | \$391.04 |
| 28 | \$513.51 | \$385.92 | \$405.59 |
| 29 | \$528.63 | \$397.28 | \$417.53 |
| 30 | \$536.18 | \$402.96 | \$423.50 |
| 31 | \$547.52 | \$411.48 | \$432.46 |
| 32 | \$558.86 | \$420.00 | \$441.41 |
| 33 | \$565.95 | \$425.32 | \$447.01 |
| 34 | \$573.50 | \$431.00 | \$452.98 |
| 35 | \$577.28 | \$433.84 | \$455.96 |
| 36 | \$581.06 | \$436.68 | \$458.95 |
| 37 | \$584.84 | \$439.52 | \$461.93 |
| 38 | \$588.62 | \$442.36 | \$464.92 |
| 39 | \$596.18 | \$448.05 | \$470.89 |
| 40 | \$603.74 | \$453.73 | \$476.86 |
| 41 | \$615.08 | \$462.25 | \$485.81 |
| 42 | \$625.94 | \$470.41 | \$494.40 |
| 43 | \$641.06 | \$481.77 | \$506.34 |
| 44 | \$659.95 | \$495.97 | \$521.26 |
| 45 | \$682.16 | \$512.66 | \$538.80 |
| 46 | \$708.61 | \$532.54 | \$559.69 |
| 47 | \$738.37 | \$554.91 | \$583.20 |
| 48 | \$772.39 | \$580.47 | \$610.07 |
| 49 | \$805.93 | \$605.68 | \$636.56 |
| 50 | \$843.72 | \$634.08 | \$666.41 |
| 51 | \$881.04 | \$662.13 | \$695.89 |
| 52 | \$922.14 | \$693.01 | \$728.35 |
| 53 | \$963.71 | \$724.26 | \$761.18 |
| 54 | \$1,008.59 | \$757.98 | \$796.63 |
| 55 | \$1,053.47 | \$791.71 | \$832.08 |
| 56 | \$1,102.13 | \$828.28 | \$870.51 |
| 57 | \$1,151.26 | \$865.20 | \$909.32 |
| 58 | \$1,203.70 | \$904.61 | \$950.73 |
| 59 | \$1,229.68 | \$924.14 | \$971.25 |
| 60 | \$1,282.12 | \$963.55 | \$1,012.67 |
| 61 | \$1,327.47 | \$997.63 | \$1,048.49 |
| 62 | \$1,357.23 | \$1,020.00 | \$1,072.00 |
| 63 | \$1,394.55 | \$1,048.04 | \$1,101.48 |
| 64 | \$1,417.23 | \$1,065.08 | \$1,119.39 |
| 65+ | \$1,417.23 | \$1,065.08 | \$1,119.39 |

Rating Area 1

Network: UW MEDICINE

*Plans available in only King county

| Plan Name | NON-TOBACCO | | |
|-----------|---|------------------------------------|---|
| | Silver | Bronze | Bronze |
| | Silver Care on Demand 4000 EPO UW Medicine | Bronze HSA 5200 EPO UW Medicine | Bronze Care on Demand 8000 EPO UW Medicine |
| | HHS Plan ID 87718WA2150018 | 87718WA2150019 | 87718WA2150020 |
| Exchange | Off Exchange | Off Exchange | Off Exchange |
| Age | Monthly Premium Rate | Monthly Premium Rate | Monthly Premium Rate |
| 0-14 | \$222.96 | \$193.83 | \$176.36 |
| 15 | \$242.78 | \$211.06 | \$192.04 |
| 16 | \$250.36 | \$217.64 | \$198.03 |
| 17 | \$257.93 | \$224.23 | \$204.03 |
| 18 | \$266.09 | \$231.33 | \$210.48 |
| 19 | \$274.25 | \$238.42 | \$216.94 |
| 20 | \$282.71 | \$245.77 | \$223.62 |
| 21 | \$291.45 | \$253.37 | \$230.54 |
| 22 | \$291.45 | \$253.37 | \$230.54 |
| 23 | \$291.45 | \$253.37 | \$230.54 |
| 24 | \$291.45 | \$253.37 | \$230.54 |
| 25 | \$292.62 | \$254.38 | \$231.46 |
| 26 | \$298.44 | \$259.45 | \$236.07 |
| 27 | \$305.44 | \$265.53 | \$241.61 |
| 28 | \$316.81 | \$275.41 | \$250.60 |
| 29 | \$326.13 | \$283.52 | \$257.97 |
| 30 | \$330.80 | \$287.57 | \$261.66 |
| 31 | \$337.79 | \$293.66 | \$267.20 |
| 32 | \$344.79 | \$299.74 | \$272.73 |
| 33 | \$349.16 | \$303.54 | \$276.19 |
| 34 | \$353.82 | \$307.59 | \$279.88 |
| 35 | \$356.15 | \$309.62 | \$281.72 |
| 36 | \$358.48 | \$311.65 | \$283.56 |
| 37 | \$360.82 | \$313.67 | \$285.41 |
| 38 | \$363.15 | \$315.70 | \$287.25 |
| 39 | \$367.81 | \$319.75 | \$290.94 |
| 40 | \$372.47 | \$323.81 | \$294.63 |
| 41 | \$379.47 | \$329.89 | \$300.16 |
| 42 | \$386.17 | \$335.72 | \$305.47 |
| 43 | \$395.50 | \$343.82 | \$312.84 |
| 44 | \$407.16 | \$353.96 | \$322.06 |
| 45 | \$420.85 | \$365.87 | \$332.90 |
| 46 | \$437.18 | \$380.06 | \$345.81 |
| 47 | \$455.54 | \$396.02 | \$360.33 |
| 48 | \$476.52 | \$414.26 | \$376.93 |
| 49 | \$497.21 | \$432.25 | \$393.30 |
| 50 | \$520.53 | \$452.52 | \$411.74 |
| 51 | \$543.55 | \$472.54 | \$429.96 |
| 52 | \$568.91 | \$494.58 | \$450.01 |
| 53 | \$594.56 | \$516.87 | \$470.30 |
| 54 | \$622.25 | \$540.94 | \$492.20 |
| 55 | \$649.93 | \$565.02 | \$514.10 |
| 56 | \$679.95 | \$591.11 | \$537.85 |
| 57 | \$710.26 | \$617.46 | \$561.83 |
| 58 | \$742.61 | \$645.59 | \$587.42 |
| 59 | \$758.64 | \$659.52 | \$600.10 |
| 60 | \$791.00 | \$687.65 | \$625.69 |
| 61 | \$818.97 | \$711.97 | \$647.82 |
| 62 | \$837.34 | \$727.93 | \$662.34 |
| 63 | \$860.36 | \$747.95 | \$680.55 |
| 64 | \$874.35 | \$760.11 | \$691.62 |
| 65+ | \$874.35 | \$760.11 | \$691.62 |

| Plan Name | TOBACCO | | |
|-----------|---|------------------------------------|---|
| | Silver | Bronze | Bronze |
| | Silver Care on Demand 4000 EPO UW Medicine | Bronze HSA 5200 EPO UW Medicine | Bronze Care on Demand 8000 EPO UW Medicine |
| | HHS Plan ID 87718WA2150018 | 87718WA2150019 | 87718WA2150020 |
| Exchange | Off Exchange | Off Exchange | Off Exchange |
| Age | Monthly Premium Rate | Monthly Premium Rate | Monthly Premium Rate |
| 0-14 | \$222.96 | \$193.83 | \$176.36 |
| 15 | \$242.78 | \$211.06 | \$192.04 |
| 16 | \$250.36 | \$217.64 | \$198.03 |
| 17 | \$257.93 | \$224.23 | \$204.03 |
| 18 | \$266.09 | \$231.33 | \$210.48 |
| 19 | \$274.25 | \$238.42 | \$216.94 |
| 20 | \$282.71 | \$245.77 | \$223.62 |
| 21 | \$335.17 | \$291.38 | \$265.12 |
| 22 | \$335.17 | \$291.38 | \$265.12 |
| 23 | \$335.17 | \$291.38 | \$265.12 |
| 24 | \$335.17 | \$291.38 | \$265.12 |
| 25 | \$336.51 | \$292.54 | \$266.18 |
| 26 | \$343.21 | \$298.37 | \$271.48 |
| 27 | \$351.26 | \$305.36 | \$277.85 |
| 28 | \$364.33 | \$316.73 | \$288.19 |
| 29 | \$375.05 | \$326.05 | \$296.67 |
| 30 | \$380.42 | \$330.71 | \$300.91 |
| 31 | \$388.46 | \$337.70 | \$307.28 |
| 32 | \$396.50 | \$344.70 | \$313.64 |
| 33 | \$401.53 | \$349.07 | \$317.61 |
| 34 | \$406.89 | \$353.73 | \$321.86 |
| 35 | \$409.57 | \$356.06 | \$323.98 |
| 36 | \$412.26 | \$358.39 | \$326.10 |
| 37 | \$414.94 | \$360.72 | \$328.22 |
| 38 | \$417.62 | \$363.05 | \$330.34 |
| 39 | \$422.98 | \$367.72 | \$334.58 |
| 40 | \$428.34 | \$372.38 | \$338.82 |
| 41 | \$436.39 | \$379.37 | \$345.19 |
| 42 | \$444.10 | \$386.07 | \$351.29 |
| 43 | \$454.82 | \$395.40 | \$359.77 |
| 44 | \$468.23 | \$407.05 | \$370.37 |
| 45 | \$483.98 | \$420.75 | \$382.83 |
| 46 | \$502.75 | \$437.06 | \$397.68 |
| 47 | \$523.87 | \$455.42 | \$414.38 |
| 48 | \$548.00 | \$476.40 | \$433.47 |
| 49 | \$571.80 | \$497.09 | \$452.30 |
| 50 | \$598.61 | \$520.40 | \$473.51 |
| 51 | \$625.09 | \$543.42 | \$494.45 |
| 52 | \$654.25 | \$568.76 | \$517.52 |
| 53 | \$683.74 | \$594.41 | \$540.85 |
| 54 | \$715.58 | \$622.09 | \$566.03 |
| 55 | \$747.42 | \$649.77 | \$591.22 |
| 56 | \$781.95 | \$679.78 | \$618.53 |
| 57 | \$816.80 | \$710.08 | \$646.10 |
| 58 | \$854.01 | \$742.42 | \$675.53 |
| 59 | \$872.44 | \$758.45 | \$690.11 |
| 60 | \$909.64 | \$790.79 | \$719.54 |
| 61 | \$941.82 | \$818.77 | \$744.99 |
| 62 | \$962.94 | \$837.12 | \$761.69 |
| 63 | \$989.41 | \$860.14 | \$782.64 |
| 64 | \$1,005.50 | \$874.13 | \$795.36 |
| 65+ | \$1,005.50 | \$874.13 | \$795.36 |

Rating Area 1

Network: UW MEDICINE

*Plans available in only King county

| NON-TOBACCO | |
|-------------|--|
| Bronze | |
| Plan Name | Bronze Essential 7500 EPO UW Medicine |
| HHS Plan ID | 87718WA2150021 |
| Exchange | Off Exchange |
| Age | Monthly Premium Rate |
| 0-14 | \$184.53 |
| 15 | \$200.93 |
| 16 | \$207.20 |
| 17 | \$213.47 |
| 18 | \$220.22 |
| 19 | \$226.98 |
| 20 | \$233.97 |
| 21 | \$241.21 |
| 22 | \$241.21 |
| 23 | \$241.21 |
| 24 | \$241.21 |
| 25 | \$242.17 |
| 26 | \$247.00 |
| 27 | \$252.79 |
| 28 | \$262.20 |
| 29 | \$269.91 |
| 30 | \$273.77 |
| 31 | \$279.56 |
| 32 | \$285.35 |
| 33 | \$288.97 |
| 34 | \$292.83 |
| 35 | \$294.76 |
| 36 | \$296.69 |
| 37 | \$298.62 |
| 38 | \$300.55 |
| 39 | \$304.41 |
| 40 | \$308.27 |
| 41 | \$314.06 |
| 42 | \$319.60 |
| 43 | \$327.32 |
| 44 | \$336.97 |
| 45 | \$348.31 |
| 46 | \$361.82 |
| 47 | \$377.01 |
| 48 | \$394.38 |
| 49 | \$411.50 |
| 50 | \$430.80 |
| 51 | \$449.86 |
| 52 | \$470.84 |
| 53 | \$492.07 |
| 54 | \$514.98 |
| 55 | \$537.90 |
| 56 | \$562.74 |
| 57 | \$587.83 |
| 58 | \$614.60 |
| 59 | \$627.87 |
| 60 | \$654.64 |
| 61 | \$677.80 |
| 62 | \$693.00 |
| 63 | \$712.05 |
| 64 | \$723.63 |
| 65+ | \$723.63 |

| TOBACCO | |
|-------------|--|
| Bronze | |
| Plan Name | Bronze Essential 7500 EPO UW Medicine |
| HHS Plan ID | 87718WA2150021 |
| Exchange | Off Exchange |
| Age | Monthly Premium Rate |
| 0-14 | \$184.53 |
| 15 | \$200.93 |
| 16 | \$207.20 |
| 17 | \$213.47 |
| 18 | \$220.22 |
| 19 | \$226.98 |
| 20 | \$233.97 |
| 21 | \$277.39 |
| 22 | \$277.39 |
| 23 | \$277.39 |
| 24 | \$277.39 |
| 25 | \$278.50 |
| 26 | \$284.05 |
| 27 | \$290.71 |
| 28 | \$301.52 |
| 29 | \$310.40 |
| 30 | \$314.84 |
| 31 | \$321.50 |
| 32 | \$328.15 |
| 33 | \$332.32 |
| 34 | \$336.75 |
| 35 | \$338.97 |
| 36 | \$341.19 |
| 37 | \$343.41 |
| 38 | \$345.63 |
| 39 | \$350.07 |
| 40 | \$354.51 |
| 41 | \$361.16 |
| 42 | \$367.54 |
| 43 | \$376.42 |
| 44 | \$387.52 |
| 45 | \$400.55 |
| 46 | \$416.09 |
| 47 | \$433.56 |
| 48 | \$453.54 |
| 49 | \$473.23 |
| 50 | \$495.42 |
| 51 | \$517.34 |
| 52 | \$541.47 |
| 53 | \$565.88 |
| 54 | \$592.23 |
| 55 | \$618.58 |
| 56 | \$647.15 |
| 57 | \$676.00 |
| 58 | \$706.79 |
| 59 | \$722.05 |
| 60 | \$752.84 |
| 61 | \$779.47 |
| 62 | \$796.95 |
| 63 | \$818.86 |
| 64 | \$832.17 |
| 65+ | \$832.17 |



How to Calculate Your Rate

Step 1: Choose your plan. (Example: Bronze Essential 8000 EPO UW Medicine)

Step 2: Find each member rate. Find your rate based on your age, area* and tobacco usage. Then, find the rate(s) associated with the other applicant(s).

| APPLICANT(S) | Age | Is Tobacco User? | Monthly Rate |
|-------------------------|----------------------|-----------------------|---------------------|
| Self | _____ | _____ | \$ _____ |
| Spouse | _____ | _____ | \$ _____ |
| | # of Children | Per Child Rate | Monthly Rate |
| Children (Age 0-14)** | _____ | _____ | \$ _____ |
| Children (Age 15) | _____ | _____ | \$ _____ |
| Children (Age 16) | _____ | _____ | \$ _____ |
| Children (Age 17) | _____ | _____ | \$ _____ |
| Children (Age 18) | _____ | _____ | \$ _____ |
| Children (Age 19) | _____ | _____ | \$ _____ |
| Children (Age 20) | _____ | _____ | \$ _____ |
| Children (Age 21-24)*** | _____ | _____ | \$ _____ |
| Children (Age 25)*** | _____ | _____ | \$ _____ |

Step 3: Calculate the Total Monthly Rate (Add monthly rate for Self, Spouse & Children)

Total Monthly Rate

\$

*Area is based on the location of the subscriber for all members.

**You will only be charged for up to three children under 21 years of age per family. No additional charge thereafter for children under 21 years of age. Tobacco rates do not apply to children under 18 years of age.

***Tobacco rates are applicable for children 18 years of age or older.

PLEASE NOTE: HSA Plans have single deductibles and family deductibles. The single deductibles apply when there is only one person on the contract. If there is more than one person on the contract (two adults, adult and child, two adults and child(ren)), then the family deductibles will apply.