



*Plans below listed by Metal Level

Product Summary - Rating Area 6			
Metal Level	Plan Name	HHS Plan ID	Exchange Status
Bronze	Bronze Care on Demand 8000 EPO MultiCare Connected Care	87718WA2150013	Off Exchange
Bronze	Bronze Essential 7500 EPO MultiCare Connected Care	87718WA2150014	Off Exchange
Bronze	Bronze HSA 5200 EPO MultiCare Connected Care	87718WA2150012	Off Exchange
Silver	Silver Care on Demand 4000 EPO MultiCare Connected Care	87718WA2150011	Off Exchange
Silver	Silver HSA 2700 EPO MultiCare Connected Care	87718WA2150010	Off Exchange
Silver	Silver 3200 EPO MultiCare Connected Care	87718WA2150009	Off Exchange
Gold	Gold 1200 EPO MultiCare Connected Care	87718WA2150008	Off Exchange

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

Rating Area 5

Network: MULTICARE CONNECTED CARE

*Plans available in only Pierce county

Plan Name	NON-TOBACCO		
	Gold	Silver	Silver
	Gold 1200 EPO MultiCare Connected Care	Silver 3200 EPO MultiCare Connected Care	Silver HSA 2700 EPO MultiCare Connected Care
HHS Plan ID	87718WA2150008	87718WA2150009	87718WA2150010
Exchange	Off Exchange	Off Exchange	Off Exchange
Age	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate
0-14	\$316.06	\$237.53	\$249.62
15	\$344.16	\$258.65	\$271.81
16	\$354.90	\$266.72	\$280.30
17	\$365.64	\$274.79	\$288.78
18	\$377.21	\$283.49	\$297.92
19	\$388.78	\$292.18	\$307.05
20	\$400.76	\$301.18	\$316.52
21	\$413.15	\$310.50	\$326.30
22	\$413.15	\$310.50	\$326.30
23	\$413.15	\$310.50	\$326.30
24	\$413.15	\$310.50	\$326.30
25	\$414.81	\$311.74	\$327.61
26	\$423.07	\$317.95	\$334.14
27	\$432.98	\$325.40	\$341.97
28	\$449.10	\$337.51	\$354.69
29	\$462.32	\$347.45	\$365.13
30	\$468.93	\$352.42	\$370.36
31	\$478.84	\$359.87	\$378.19
32	\$488.76	\$367.32	\$386.02
33	\$494.96	\$371.98	\$390.91
34	\$501.57	\$376.95	\$396.13
35	\$504.87	\$379.43	\$398.74
36	\$508.18	\$381.91	\$401.35
37	\$511.48	\$384.40	\$403.96
38	\$514.79	\$386.88	\$406.58
39	\$521.40	\$391.85	\$411.80
40	\$528.01	\$396.82	\$417.02
41	\$537.93	\$404.27	\$424.85
42	\$547.43	\$411.41	\$432.35
43	\$560.65	\$421.35	\$442.79
44	\$577.18	\$433.77	\$455.85
45	\$596.59	\$448.36	\$471.18
46	\$619.73	\$465.75	\$489.46
47	\$645.76	\$485.31	\$510.01
48	\$675.51	\$507.67	\$533.51
49	\$704.84	\$529.71	\$556.67
50	\$737.89	\$554.55	\$582.78
51	\$770.53	\$579.08	\$608.56
52	\$806.48	\$606.10	\$636.95
53	\$842.83	\$633.42	\$665.66
54	\$882.08	\$662.92	\$696.66
55	\$921.33	\$692.41	\$727.66
56	\$963.89	\$724.40	\$761.27
57	\$1,006.86	\$756.69	\$795.20
58	\$1,052.72	\$791.15	\$831.42
59	\$1,075.44	\$808.23	\$849.37
60	\$1,121.30	\$842.70	\$885.59
61	\$1,160.96	\$872.50	\$916.91
62	\$1,186.99	\$892.07	\$937.47
63	\$1,219.63	\$916.59	\$963.25
64	\$1,239.45	\$931.50	\$978.90
65+	\$1,239.45	\$931.50	\$978.90

Plan Name	TOBACCO		
	Gold	Silver	Silver
	Gold 1200 EPO MultiCare Connected Care	Silver 3200 EPO MultiCare Connected Care	Silver HSA 2700 EPO MultiCare Connected Care
HHS Plan ID	87718WA2150008	87718WA2150009	87718WA2150010
Exchange	Off Exchange	Off Exchange	Off Exchange
Age	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate
0-14	\$316.06	\$237.53	\$249.62
15	\$344.16	\$258.65	\$271.81
16	\$354.90	\$266.72	\$280.30
17	\$365.64	\$274.79	\$288.78
18	\$377.21	\$283.49	\$297.92
19	\$388.78	\$292.18	\$307.05
20	\$400.76	\$301.18	\$316.52
21	\$475.13	\$357.07	\$375.25
22	\$475.13	\$357.07	\$375.25
23	\$475.13	\$357.07	\$375.25
24	\$475.13	\$357.07	\$375.25
25	\$477.03	\$358.50	\$376.75
26	\$486.53	\$365.64	\$384.26
27	\$497.93	\$374.21	\$393.26
28	\$516.46	\$388.14	\$407.90
29	\$531.67	\$399.57	\$419.90
30	\$539.27	\$405.28	\$425.91
31	\$550.67	\$413.85	\$434.91
32	\$562.07	\$422.42	\$443.92
33	\$569.20	\$427.78	\$449.55
34	\$576.80	\$433.49	\$455.55
35	\$580.60	\$436.34	\$458.56
36	\$584.41	\$439.20	\$461.56
37	\$588.21	\$442.06	\$464.56
38	\$592.01	\$444.91	\$467.56
39	\$599.61	\$450.63	\$473.57
40	\$607.21	\$456.34	\$479.57
41	\$618.61	\$464.91	\$488.58
42	\$629.54	\$473.12	\$497.21
43	\$644.75	\$484.55	\$509.21
44	\$663.75	\$498.83	\$524.22
45	\$686.08	\$515.62	\$541.86
46	\$712.69	\$535.61	\$562.87
47	\$742.62	\$558.11	\$586.52
48	\$776.83	\$583.82	\$613.53
49	\$810.57	\$609.17	\$640.18
50	\$848.58	\$637.73	\$670.20
51	\$886.11	\$665.94	\$699.84
52	\$927.45	\$697.01	\$732.49
53	\$969.26	\$728.43	\$765.51
54	\$1,014.40	\$762.35	\$801.16
55	\$1,059.53	\$796.28	\$836.81
56	\$1,108.47	\$833.05	\$875.46
57	\$1,157.88	\$870.19	\$914.48
58	\$1,210.62	\$909.83	\$956.14
59	\$1,236.75	\$929.46	\$976.78
60	\$1,289.49	\$969.10	\$1,018.43
61	\$1,335.11	\$1,003.38	\$1,054.45
62	\$1,365.04	\$1,025.87	\$1,078.09
63	\$1,402.57	\$1,054.08	\$1,107.74
64	\$1,425.38	\$1,071.21	\$1,125.75
65+	\$1,425.38	\$1,071.21	\$1,125.75

Rating Area 5

Network: MULTICARE CONNECTED CARE

*Plans available in only Pierce county

Plan Name	NON-TOBACCO		
	Silver	Bronze	Bronze
	Silver Care on Demand 4000 EPO MultiCare Connected Care	Bronze HSA 5200 EPO MultiCare Connected Care	Bronze Care on Demand 8000 EPO MultiCare Connected Care
HHS Plan ID	87718WA2150011	87718WA2150012	87718WA2150013
Exchange	Off Exchange	Off Exchange	Off Exchange
Age	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate
0-14	\$224.23	\$194.94	\$177.35
15	\$244.17	\$212.27	\$193.12
16	\$251.79	\$218.89	\$199.14
17	\$259.41	\$225.52	\$205.17
18	\$267.61	\$232.65	\$211.66
19	\$275.82	\$239.79	\$218.15
20	\$284.32	\$247.18	\$224.88
21	\$293.12	\$254.82	\$231.83
22	\$293.12	\$254.82	\$231.83
23	\$293.12	\$254.82	\$231.83
24	\$293.12	\$254.82	\$231.83
25	\$294.29	\$255.84	\$232.76
26	\$300.15	\$260.94	\$237.40
27	\$307.18	\$267.05	\$242.96
28	\$318.62	\$276.99	\$252.00
29	\$328.00	\$285.15	\$259.42
30	\$332.69	\$289.22	\$263.13
31	\$339.72	\$295.34	\$268.69
32	\$346.76	\$301.45	\$274.26
33	\$351.15	\$305.28	\$277.74
34	\$355.84	\$309.35	\$281.44
35	\$358.19	\$311.39	\$283.30
36	\$360.53	\$313.43	\$285.15
37	\$362.88	\$315.47	\$287.01
38	\$365.22	\$317.51	\$288.86
39	\$369.91	\$321.58	\$292.57
40	\$374.60	\$325.66	\$296.28
41	\$381.64	\$331.78	\$301.85
42	\$388.38	\$337.64	\$307.18
43	\$397.76	\$345.79	\$314.60
44	\$409.48	\$355.99	\$323.87
45	\$423.26	\$367.96	\$334.77
46	\$439.67	\$382.23	\$347.75
47	\$458.14	\$398.29	\$362.35
48	\$479.24	\$416.63	\$379.05
49	\$500.05	\$434.73	\$395.51
50	\$523.50	\$455.11	\$414.05
51	\$546.66	\$475.24	\$432.37
52	\$572.16	\$497.41	\$452.54
53	\$597.96	\$519.84	\$472.94
54	\$625.80	\$544.04	\$494.96
55	\$653.65	\$568.25	\$516.99
56	\$683.84	\$594.50	\$540.87
57	\$714.32	\$621.00	\$564.98
58	\$746.86	\$649.28	\$590.71
59	\$762.98	\$663.30	\$603.46
60	\$795.52	\$691.59	\$629.19
61	\$823.65	\$716.05	\$651.45
62	\$842.12	\$732.10	\$666.06
63	\$865.28	\$752.23	\$684.37
64	\$879.35	\$764.46	\$695.49
65+	\$879.35	\$764.46	\$695.49

Plan Name	TOBACCO		
	Silver	Bronze	Bronze
	Silver Care on Demand 4000 EPO MultiCare Connected Care	Bronze HSA 5200 EPO MultiCare Connected Care	Bronze Care on Demand 8000 EPO MultiCare Connected Care
HHS Plan ID	87718WA2150011	87718WA2150012	87718WA2150013
Exchange	Off Exchange	Off Exchange	Off Exchange
Age	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate
0-14	\$224.23	\$194.94	\$177.35
15	\$244.17	\$212.27	\$193.12
16	\$251.79	\$218.89	\$199.14
17	\$259.41	\$225.52	\$205.17
18	\$267.61	\$232.65	\$211.66
19	\$275.82	\$239.79	\$218.15
20	\$284.32	\$247.18	\$224.88
21	\$337.08	\$293.04	\$266.61
22	\$337.08	\$293.04	\$266.61
23	\$337.08	\$293.04	\$266.61
24	\$337.08	\$293.04	\$266.61
25	\$338.43	\$294.22	\$267.67
26	\$345.17	\$300.08	\$273.01
27	\$353.26	\$307.11	\$279.40
28	\$366.41	\$318.54	\$289.80
29	\$377.20	\$327.92	\$298.33
30	\$382.59	\$332.61	\$302.60
31	\$390.68	\$339.64	\$309.00
32	\$398.77	\$346.67	\$315.40
33	\$403.83	\$351.07	\$319.40
34	\$409.22	\$355.76	\$323.66
35	\$411.92	\$358.10	\$325.79
36	\$414.61	\$360.44	\$327.93
37	\$417.31	\$362.79	\$330.06
38	\$420.00	\$365.13	\$332.19
39	\$425.40	\$369.82	\$336.46
40	\$430.79	\$374.51	\$340.72
41	\$438.88	\$381.54	\$347.12
42	\$446.63	\$388.28	\$353.26
43	\$457.42	\$397.66	\$361.79
44	\$470.90	\$409.38	\$372.45
45	\$486.75	\$423.16	\$384.98
46	\$505.62	\$439.57	\$399.91
47	\$526.86	\$458.03	\$416.71
48	\$551.13	\$479.13	\$435.90
49	\$575.06	\$499.93	\$454.83
50	\$602.03	\$523.38	\$476.16
51	\$628.66	\$546.53	\$497.22
52	\$657.99	\$572.02	\$520.42
53	\$687.65	\$597.81	\$543.88
54	\$719.67	\$625.65	\$569.21
55	\$751.69	\$653.49	\$594.53
56	\$786.41	\$683.67	\$622.00
57	\$821.47	\$714.15	\$649.72
58	\$858.89	\$746.68	\$679.32
59	\$877.43	\$762.79	\$693.98
60	\$914.84	\$795.32	\$723.57
61	\$947.20	\$823.46	\$749.17
62	\$968.44	\$841.92	\$765.96
63	\$995.07	\$865.07	\$787.03
64	\$1,011.24	\$879.12	\$799.82
65+	\$1,011.24	\$879.12	\$799.82

Rating Area 5

Network: MULTICARE CONNECTED CARE

*Plans available in only Pierce county

NON-TOBACCO	
Bronze	
Plan Name	Bronze Essential 7500 EPO MultiCare Connected Care
HHS Plan ID	87718WA2150014
Exchange	Off Exchange
Age	Monthly Premium Rate
0-14	\$185.54
15	\$202.04
16	\$208.34
17	\$214.65
18	\$221.44
19	\$228.23
20	\$235.27
21	\$242.54
22	\$242.54
23	\$242.54
24	\$242.54
25	\$243.51
26	\$248.36
27	\$254.18
28	\$263.64
29	\$271.40
30	\$275.29
31	\$281.11
32	\$286.93
33	\$290.57
34	\$294.45
35	\$296.39
36	\$298.33
37	\$300.27
38	\$302.21
39	\$306.09
40	\$309.97
41	\$315.79
42	\$321.37
43	\$329.13
44	\$338.83
45	\$350.23
46	\$363.81
47	\$379.09
48	\$396.56
49	\$413.78
50	\$433.18
51	\$452.34
52	\$473.44
53	\$494.79
54	\$517.83
55	\$540.87
56	\$565.85
57	\$591.08
58	\$618.00
59	\$631.34
60	\$658.26
61	\$681.54
62	\$696.82
63	\$715.99
64	\$727.62
65+	\$727.62

TOBACCO	
Bronze	
Plan Name	Bronze Essential 7500 EPO MultiCare Connected Care
HHS Plan ID	87718WA2150014
Exchange	Off Exchange
Age	Monthly Premium Rate
0-14	\$185.54
15	\$202.04
16	\$208.34
17	\$214.65
18	\$221.44
19	\$228.23
20	\$235.27
21	\$278.92
22	\$278.92
23	\$278.92
24	\$278.92
25	\$280.04
26	\$285.62
27	\$292.31
28	\$303.19
29	\$312.12
30	\$316.58
31	\$323.27
32	\$329.97
33	\$334.15
34	\$338.61
35	\$340.84
36	\$343.08
37	\$345.31
38	\$347.54
39	\$352.00
40	\$356.46
41	\$363.16
42	\$369.57
43	\$378.50
44	\$389.66
45	\$402.77
46	\$418.39
47	\$435.96
48	\$456.04
49	\$475.84
50	\$498.16
51	\$520.19
52	\$544.46
53	\$569.00
54	\$595.50
55	\$622.00
56	\$650.73
57	\$679.74
58	\$710.70
59	\$726.04
60	\$757.00
61	\$783.78
62	\$801.35
63	\$823.38
64	\$836.76
65+	\$836.76



How to Calculate Your Rate

Step 1: Choose your plan. (Example: Bronze Essential 8000 EPO MultiCare Connected Care)

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.