

**Washington State Health Insurance Pool (WSHIP)
2017 Monthly Premium Rates**

PREFERRED PROVIDER PLANS (PPO Plans)

Area 1: King County

Age	Non-Smoker Rates					Smoker Rates				
	Deductible					Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000 HSA	\$500	\$1,000	\$2,500	\$5,000	\$3000 HSA
0-20	\$613	\$565	\$301	\$244	\$271	\$613	\$565	\$301	\$244	\$271
21	\$965	\$890	\$475	\$384	\$427	\$1,065	\$982	\$524	\$423	\$471
22	\$965	\$890	\$475	\$384	\$427	\$1,065	\$982	\$524	\$423	\$471
23	\$965	\$890	\$475	\$384	\$427	\$1,065	\$982	\$524	\$423	\$471
24	\$965	\$890	\$475	\$384	\$427	\$1,065	\$982	\$524	\$423	\$471
25	\$968	\$893	\$477	\$385	\$429	\$1,069	\$986	\$526	\$425	\$473
26	\$988	\$911	\$486	\$393	\$437	\$1,090	\$1,005	\$536	\$433	\$483
27	\$1,011	\$932	\$497	\$402	\$447	\$1,116	\$1,029	\$549	\$444	\$494
28	\$1,049	\$967	\$516	\$417	\$464	\$1,157	\$1,067	\$569	\$460	\$512
29	\$1,079	\$995	\$531	\$430	\$478	\$1,191	\$1,099	\$586	\$474	\$527
30	\$1,095	\$1,010	\$539	\$436	\$485	\$1,208	\$1,114	\$594	\$480	\$535
31	\$1,118	\$1,031	\$550	\$445	\$495	\$1,234	\$1,138	\$607	\$491	\$546
32	\$1,141	\$1,052	\$562	\$454	\$505	\$1,259	\$1,161	\$620	\$501	\$557
33	\$1,156	\$1,066	\$569	\$460	\$512	\$1,275	\$1,176	\$627	\$507	\$564
34	\$1,171	\$1,080	\$576	\$466	\$518	\$1,292	\$1,192	\$636	\$514	\$572
35	\$1,179	\$1,087	\$580	\$469	\$522	\$1,301	\$1,200	\$640	\$517	\$576
36	\$1,186	\$1,094	\$584	\$472	\$525	\$1,310	\$1,208	\$644	\$521	\$580
37	\$1,194	\$1,101	\$588	\$475	\$529	\$1,318	\$1,215	\$648	\$524	\$583
38	\$1,202	\$1,108	\$591	\$478	\$532	\$1,327	\$1,223	\$653	\$527	\$587
39	\$1,217	\$1,123	\$599	\$484	\$539	\$1,344	\$1,239	\$661	\$534	\$595
40	\$1,233	\$1,137	\$607	\$491	\$546	\$1,361	\$1,255	\$669	\$541	\$602
41	\$1,256	\$1,158	\$618	\$500	\$556	\$1,386	\$1,278	\$682	\$551	\$613
42	\$1,278	\$1,179	\$629	\$509	\$566	\$1,411	\$1,301	\$694	\$561	\$624
43	\$1,309	\$1,207	\$644	\$521	\$579	\$1,445	\$1,332	\$711	\$574	\$639
44	\$1,348	\$1,243	\$663	\$536	\$597	\$1,487	\$1,372	\$732	\$591	\$658
45	\$1,393	\$1,284	\$685	\$554	\$617	\$1,537	\$1,418	\$756	\$611	\$680
46	\$1,447	\$1,334	\$712	\$576	\$640	\$1,597	\$1,473	\$786	\$635	\$707
47	\$1,508	\$1,390	\$742	\$600	\$667	\$1,664	\$1,535	\$819	\$662	\$736
48	\$1,577	\$1,454	\$776	\$628	\$698	\$1,741	\$1,605	\$856	\$692	\$770
49	\$1,646	\$1,517	\$810	\$655	\$728	\$1,816	\$1,675	\$893	\$722	\$804
50	\$1,723	\$1,589	\$848	\$686	\$763	\$1,901	\$1,753	\$935	\$756	\$842
51	\$1,799	\$1,659	\$885	\$716	\$796	\$1,986	\$1,831	\$977	\$789	\$879
52	\$1,883	\$1,736	\$927	\$749	\$833	\$2,078	\$1,916	\$1,022	\$826	\$920
53	\$1,968	\$1,815	\$968	\$783	\$871	\$2,172	\$2,003	\$1,068	\$864	\$961
54	\$2,059	\$1,899	\$1,014	\$820	\$912	\$2,273	\$2,096	\$1,118	\$904	\$1,006
55	\$2,151	\$1,984	\$1,059	\$856	\$952	\$2,374	\$2,189	\$1,168	\$944	\$1,051
56	\$2,250	\$2,075	\$1,107	\$896	\$996	\$2,484	\$2,290	\$1,222	\$988	\$1,099
57	\$2,351	\$2,168	\$1,157	\$935	\$1,041	\$2,595	\$2,393	\$1,276	\$1,032	\$1,148
58	\$2,458	\$2,266	\$1,210	\$978	\$1,088	\$2,713	\$2,502	\$1,334	\$1,079	\$1,201
59	\$2,511	\$2,315	\$1,236	\$999	\$1,111	\$2,771	\$2,556	\$1,363	\$1,102	\$1,227
60	\$2,618	\$2,414	\$1,288	\$1,042	\$1,159	\$2,889	\$2,665	\$1,421	\$1,149	\$1,279
61	\$2,710	\$2,500	\$1,334	\$1,079	\$1,200	\$2,992	\$2,759	\$1,472	\$1,189	\$1,324
62	\$2,771	\$2,556	\$1,364	\$1,103	\$1,227	\$3,059	\$2,821	\$1,505	\$1,216	\$1,354
63	\$2,847	\$2,626	\$1,401	\$1,133	\$1,260	\$3,143	\$2,898	\$1,546	\$1,250	\$1,391
64	\$2,894	\$2,669	\$1,424	\$1,152	\$1,281	\$3,194	\$2,945	\$1,571	\$1,270	\$1,414
65+	\$2,894	\$2,669	\$1,424	\$1,152	\$1,281	\$3,194	\$2,945	\$1,571	\$1,270	\$1,414

**Washington State Health Insurance Pool (WSHIP)
2017 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$500 Deductible**

Area 1: King County

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$835	\$696	\$793	\$661	\$835	\$696	\$793	\$661
21	\$1,315	\$1,096	\$1,250	\$1,041	\$1,452	\$1,210	\$1,379	\$1,149
22	\$1,315	\$1,096	\$1,250	\$1,041	\$1,452	\$1,210	\$1,379	\$1,149
23	\$1,315	\$1,096	\$1,250	\$1,041	\$1,452	\$1,210	\$1,379	\$1,149
24	\$1,315	\$1,096	\$1,250	\$1,041	\$1,452	\$1,210	\$1,379	\$1,149
25	\$1,321	\$1,101	\$1,255	\$1,045	\$1,458	\$1,215	\$1,385	\$1,154
26	\$1,347	\$1,122	\$1,280	\$1,066	\$1,487	\$1,239	\$1,412	\$1,177
27	\$1,378	\$1,149	\$1,310	\$1,091	\$1,521	\$1,268	\$1,445	\$1,204
28	\$1,430	\$1,191	\$1,358	\$1,132	\$1,578	\$1,315	\$1,499	\$1,249
29	\$1,472	\$1,227	\$1,398	\$1,165	\$1,625	\$1,354	\$1,543	\$1,286
30	\$1,493	\$1,244	\$1,418	\$1,182	\$1,648	\$1,373	\$1,565	\$1,304
31	\$1,524	\$1,270	\$1,448	\$1,207	\$1,683	\$1,402	\$1,598	\$1,332
32	\$1,556	\$1,297	\$1,478	\$1,232	\$1,717	\$1,431	\$1,632	\$1,360
33	\$1,576	\$1,313	\$1,497	\$1,248	\$1,739	\$1,449	\$1,652	\$1,377
34	\$1,597	\$1,331	\$1,517	\$1,264	\$1,762	\$1,469	\$1,674	\$1,395
35	\$1,607	\$1,339	\$1,527	\$1,272	\$1,774	\$1,478	\$1,685	\$1,404
36	\$1,618	\$1,348	\$1,537	\$1,281	\$1,786	\$1,488	\$1,696	\$1,414
37	\$1,628	\$1,357	\$1,547	\$1,289	\$1,797	\$1,498	\$1,707	\$1,423
38	\$1,639	\$1,366	\$1,557	\$1,297	\$1,809	\$1,507	\$1,718	\$1,432
39	\$1,660	\$1,383	\$1,577	\$1,314	\$1,832	\$1,527	\$1,741	\$1,450
40	\$1,681	\$1,401	\$1,597	\$1,331	\$1,855	\$1,546	\$1,763	\$1,469
41	\$1,713	\$1,427	\$1,627	\$1,356	\$1,890	\$1,575	\$1,796	\$1,496
42	\$1,743	\$1,452	\$1,656	\$1,380	\$1,924	\$1,603	\$1,827	\$1,523
43	\$1,785	\$1,487	\$1,696	\$1,413	\$1,970	\$1,642	\$1,872	\$1,560
44	\$1,838	\$1,531	\$1,746	\$1,455	\$2,028	\$1,690	\$1,927	\$1,606
45	\$1,899	\$1,583	\$1,804	\$1,504	\$2,096	\$1,747	\$1,992	\$1,660
46	\$1,973	\$1,644	\$1,874	\$1,562	\$2,178	\$1,815	\$2,069	\$1,724
47	\$2,056	\$1,713	\$1,953	\$1,628	\$2,269	\$1,891	\$2,156	\$1,796
48	\$2,151	\$1,792	\$2,043	\$1,703	\$2,374	\$1,978	\$2,255	\$1,879
49	\$2,244	\$1,870	\$2,132	\$1,776	\$2,477	\$2,064	\$2,353	\$1,961
50	\$2,349	\$1,958	\$2,232	\$1,860	\$2,593	\$2,161	\$2,463	\$2,053
51	\$2,453	\$2,044	\$2,330	\$1,942	\$2,708	\$2,256	\$2,572	\$2,143
52	\$2,568	\$2,140	\$2,439	\$2,033	\$2,834	\$2,362	\$2,692	\$2,243
53	\$2,683	\$2,236	\$2,549	\$2,124	\$2,962	\$2,468	\$2,814	\$2,345
54	\$2,808	\$2,340	\$2,668	\$2,223	\$3,100	\$2,583	\$2,945	\$2,454
55	\$2,933	\$2,444	\$2,787	\$2,322	\$3,237	\$2,698	\$3,076	\$2,563
56	\$3,069	\$2,557	\$2,915	\$2,429	\$3,387	\$2,823	\$3,218	\$2,681
57	\$3,206	\$2,671	\$3,045	\$2,538	\$3,538	\$2,948	\$3,361	\$2,801
58	\$3,352	\$2,793	\$3,184	\$2,653	\$3,699	\$3,083	\$3,514	\$2,928
59	\$3,424	\$2,853	\$3,253	\$2,711	\$3,779	\$3,149	\$3,590	\$2,992
60	\$3,570	\$2,975	\$3,391	\$2,826	\$3,940	\$3,283	\$3,743	\$3,119
61	\$3,696	\$3,080	\$3,511	\$2,926	\$4,080	\$3,400	\$3,876	\$3,230
62	\$3,779	\$3,149	\$3,590	\$2,992	\$4,171	\$3,476	\$3,962	\$3,302
63	\$3,883	\$3,236	\$3,689	\$3,074	\$4,286	\$3,571	\$4,071	\$3,393
64	\$3,946	\$3,288	\$3,749	\$3,124	\$4,355	\$3,629	\$4,138	\$3,448
65+	\$3,946	\$3,288	\$3,749	\$3,124	\$4,355	\$3,629	\$4,138	\$3,448

Description of Discounts:

- A** You were enrolled in a prior medical benefit plan during the 63-day period prior to application to WSHIP with continuous enrollment for 18 months.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2017 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$1,000 Deductible**

Area 1: King County

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$770	\$642	\$732	\$610	\$770	\$642	\$732	\$610
21	\$1,213	\$1,011	\$1,152	\$960	\$1,339	\$1,116	\$1,272	\$1,060
22	\$1,213	\$1,011	\$1,152	\$960	\$1,339	\$1,116	\$1,272	\$1,060
23	\$1,213	\$1,011	\$1,152	\$960	\$1,339	\$1,116	\$1,272	\$1,060
24	\$1,213	\$1,011	\$1,152	\$960	\$1,339	\$1,116	\$1,272	\$1,060
25	\$1,218	\$1,015	\$1,157	\$964	\$1,344	\$1,120	\$1,277	\$1,064
26	\$1,242	\$1,035	\$1,180	\$983	\$1,371	\$1,142	\$1,302	\$1,085
27	\$1,271	\$1,059	\$1,208	\$1,006	\$1,403	\$1,169	\$1,333	\$1,111
28	\$1,318	\$1,099	\$1,253	\$1,044	\$1,455	\$1,213	\$1,382	\$1,152
29	\$1,357	\$1,131	\$1,289	\$1,075	\$1,498	\$1,248	\$1,423	\$1,186
30	\$1,377	\$1,147	\$1,308	\$1,090	\$1,520	\$1,266	\$1,444	\$1,203
31	\$1,406	\$1,172	\$1,336	\$1,113	\$1,552	\$1,293	\$1,474	\$1,228
32	\$1,435	\$1,196	\$1,363	\$1,136	\$1,584	\$1,320	\$1,505	\$1,254
33	\$1,453	\$1,211	\$1,380	\$1,150	\$1,604	\$1,337	\$1,524	\$1,270
34	\$1,473	\$1,227	\$1,399	\$1,166	\$1,625	\$1,354	\$1,544	\$1,287
35	\$1,482	\$1,235	\$1,408	\$1,173	\$1,636	\$1,363	\$1,554	\$1,295
36	\$1,492	\$1,243	\$1,417	\$1,181	\$1,647	\$1,372	\$1,564	\$1,304
37	\$1,502	\$1,251	\$1,427	\$1,189	\$1,657	\$1,381	\$1,575	\$1,312
38	\$1,511	\$1,259	\$1,436	\$1,196	\$1,668	\$1,390	\$1,585	\$1,321
39	\$1,531	\$1,276	\$1,454	\$1,212	\$1,690	\$1,408	\$1,605	\$1,338
40	\$1,550	\$1,292	\$1,473	\$1,227	\$1,711	\$1,426	\$1,625	\$1,355
41	\$1,579	\$1,316	\$1,500	\$1,250	\$1,743	\$1,453	\$1,656	\$1,380
42	\$1,607	\$1,339	\$1,527	\$1,272	\$1,774	\$1,478	\$1,685	\$1,404
43	\$1,646	\$1,372	\$1,564	\$1,303	\$1,817	\$1,514	\$1,726	\$1,438
44	\$1,695	\$1,412	\$1,610	\$1,341	\$1,870	\$1,559	\$1,777	\$1,481
45	\$1,752	\$1,460	\$1,664	\$1,387	\$1,933	\$1,611	\$1,837	\$1,530
46	\$1,819	\$1,516	\$1,728	\$1,440	\$2,008	\$1,673	\$1,908	\$1,590
47	\$1,896	\$1,580	\$1,801	\$1,501	\$2,093	\$1,744	\$1,988	\$1,657
48	\$1,983	\$1,653	\$1,884	\$1,570	\$2,189	\$1,824	\$2,079	\$1,733
49	\$2,069	\$1,724	\$1,966	\$1,638	\$2,284	\$1,903	\$2,170	\$1,808
50	\$2,166	\$1,805	\$2,058	\$1,715	\$2,391	\$1,993	\$2,271	\$1,893
51	\$2,262	\$1,885	\$2,149	\$1,791	\$2,497	\$2,081	\$2,372	\$1,977
52	\$2,368	\$1,973	\$2,249	\$1,874	\$2,613	\$2,178	\$2,483	\$2,069
53	\$2,474	\$2,062	\$2,351	\$1,959	\$2,731	\$2,276	\$2,595	\$2,162
54	\$2,590	\$2,158	\$2,460	\$2,050	\$2,858	\$2,382	\$2,715	\$2,263
55	\$2,705	\$2,254	\$2,570	\$2,141	\$2,985	\$2,488	\$2,836	\$2,363
56	\$2,830	\$2,358	\$2,688	\$2,240	\$3,123	\$2,603	\$2,967	\$2,473
57	\$2,956	\$2,463	\$2,808	\$2,340	\$3,263	\$2,719	\$3,099	\$2,583
58	\$3,091	\$2,576	\$2,936	\$2,447	\$3,411	\$2,843	\$3,241	\$2,701
59	\$3,157	\$2,631	\$2,999	\$2,500	\$3,485	\$2,904	\$3,311	\$2,759
60	\$3,292	\$2,743	\$3,127	\$2,606	\$3,633	\$3,028	\$3,452	\$2,876
61	\$3,408	\$2,840	\$3,238	\$2,698	\$3,762	\$3,135	\$3,574	\$2,978
62	\$3,485	\$2,904	\$3,311	\$2,759	\$3,846	\$3,205	\$3,654	\$3,045
63	\$3,581	\$2,984	\$3,402	\$2,835	\$3,952	\$3,293	\$3,754	\$3,129
64	\$3,639	\$3,032	\$3,457	\$2,881	\$4,016	\$3,347	\$3,816	\$3,180
65+	\$3,639	\$3,032	\$3,457	\$2,881	\$4,016	\$3,347	\$3,816	\$3,180

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- A** You were enrolled in a prior medical benefit plan during the 63-day period prior to application to WSHIP with continuous enrollment for 18 months.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
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**Washington State Health Insurance Pool (WSHIP)
2017 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$1,500 Deductible**

Area 1: King County

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$693	\$577	\$658	\$549	\$693	\$577	\$658	\$549
21	\$1,091	\$909	\$1,037	\$864	\$1,205	\$1,004	\$1,144	\$954
22	\$1,091	\$909	\$1,037	\$864	\$1,205	\$1,004	\$1,144	\$954
23	\$1,091	\$909	\$1,037	\$864	\$1,205	\$1,004	\$1,144	\$954
24	\$1,091	\$909	\$1,037	\$864	\$1,205	\$1,004	\$1,144	\$954
25	\$1,096	\$913	\$1,041	\$867	\$1,209	\$1,008	\$1,149	\$957
26	\$1,118	\$931	\$1,062	\$885	\$1,233	\$1,028	\$1,172	\$976
27	\$1,144	\$953	\$1,087	\$905	\$1,262	\$1,052	\$1,199	\$999
28	\$1,186	\$989	\$1,127	\$939	\$1,309	\$1,091	\$1,244	\$1,037
29	\$1,221	\$1,018	\$1,160	\$967	\$1,348	\$1,123	\$1,280	\$1,067
30	\$1,239	\$1,032	\$1,177	\$981	\$1,367	\$1,139	\$1,299	\$1,082
31	\$1,265	\$1,054	\$1,202	\$1,001	\$1,396	\$1,163	\$1,326	\$1,105
32	\$1,291	\$1,076	\$1,226	\$1,022	\$1,425	\$1,187	\$1,354	\$1,128
33	\$1,307	\$1,089	\$1,242	\$1,035	\$1,443	\$1,202	\$1,371	\$1,142
34	\$1,325	\$1,104	\$1,259	\$1,049	\$1,462	\$1,219	\$1,389	\$1,158
35	\$1,334	\$1,111	\$1,267	\$1,056	\$1,472	\$1,227	\$1,398	\$1,165
36	\$1,342	\$1,119	\$1,275	\$1,063	\$1,482	\$1,235	\$1,407	\$1,173
37	\$1,351	\$1,126	\$1,283	\$1,070	\$1,491	\$1,243	\$1,417	\$1,181
38	\$1,360	\$1,133	\$1,292	\$1,076	\$1,501	\$1,251	\$1,426	\$1,188
39	\$1,377	\$1,148	\$1,308	\$1,090	\$1,520	\$1,267	\$1,444	\$1,203
40	\$1,395	\$1,162	\$1,325	\$1,104	\$1,539	\$1,283	\$1,462	\$1,219
41	\$1,421	\$1,184	\$1,350	\$1,125	\$1,568	\$1,307	\$1,490	\$1,242
42	\$1,446	\$1,205	\$1,374	\$1,145	\$1,596	\$1,330	\$1,516	\$1,263
43	\$1,481	\$1,234	\$1,407	\$1,172	\$1,635	\$1,362	\$1,553	\$1,294
44	\$1,525	\$1,270	\$1,448	\$1,207	\$1,683	\$1,402	\$1,599	\$1,332
45	\$1,576	\$1,313	\$1,497	\$1,248	\$1,739	\$1,449	\$1,652	\$1,377
46	\$1,637	\$1,364	\$1,555	\$1,296	\$1,807	\$1,506	\$1,716	\$1,430
47	\$1,706	\$1,421	\$1,620	\$1,350	\$1,883	\$1,569	\$1,789	\$1,490
48	\$1,784	\$1,487	\$1,695	\$1,413	\$1,969	\$1,641	\$1,871	\$1,559
49	\$1,862	\$1,551	\$1,769	\$1,474	\$2,055	\$1,712	\$1,952	\$1,627
50	\$1,949	\$1,624	\$1,852	\$1,543	\$2,151	\$1,793	\$2,044	\$1,703
51	\$2,035	\$1,696	\$1,934	\$1,611	\$2,246	\$1,872	\$2,134	\$1,778
52	\$2,130	\$1,775	\$2,024	\$1,686	\$2,351	\$1,959	\$2,234	\$1,861
53	\$2,226	\$1,855	\$2,115	\$1,762	\$2,457	\$2,048	\$2,334	\$1,945
54	\$2,330	\$1,942	\$2,213	\$1,845	\$2,572	\$2,143	\$2,443	\$2,036
55	\$2,434	\$2,028	\$2,312	\$1,927	\$2,686	\$2,238	\$2,552	\$2,126
56	\$2,546	\$2,122	\$2,419	\$2,016	\$2,810	\$2,342	\$2,670	\$2,225
57	\$2,660	\$2,216	\$2,527	\$2,105	\$2,935	\$2,446	\$2,789	\$2,324
58	\$2,781	\$2,317	\$2,642	\$2,201	\$3,069	\$2,558	\$2,916	\$2,430
59	\$2,841	\$2,367	\$2,699	\$2,249	\$3,135	\$2,613	\$2,979	\$2,482
60	\$2,962	\$2,468	\$2,814	\$2,345	\$3,269	\$2,724	\$3,106	\$2,588
61	\$3,067	\$2,555	\$2,913	\$2,428	\$3,385	\$2,821	\$3,215	\$2,680
62	\$3,135	\$2,613	\$2,979	\$2,482	\$3,461	\$2,884	\$3,288	\$2,740
63	\$3,222	\$2,685	\$3,060	\$2,550	\$3,556	\$2,963	\$3,378	\$2,815
64	\$3,274	\$2,728	\$3,110	\$2,592	\$3,614	\$3,011	\$3,433	\$2,861
65+	\$3,274	\$2,728	\$3,110	\$2,592	\$3,614	\$3,011	\$3,433	\$2,861

Description of Discounts:

- A** You were enrolled in a prior medical benefit plan during the 63-day period prior to application to WSHIP with continuous enrollment for 18 months.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2017 Monthly Premium Rates**

PREFERRED PROVIDER PLANS (PPO Plans)

Area 2: Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston, Wahkiakum, Whatcom Counties

Age	Non-Smoker Rates					Smoker Rates				
	Deductible					Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000 HSA	\$500	\$1,000	\$2,500	\$5,000	\$3000 HSA
0-20	\$636	\$586	\$313	\$253	\$281	\$636	\$586	\$313	\$253	\$281
21	\$1,001	\$923	\$493	\$398	\$443	\$1,105	\$1,019	\$544	\$439	\$489
22	\$1,001	\$923	\$493	\$398	\$443	\$1,105	\$1,019	\$544	\$439	\$489
23	\$1,001	\$923	\$493	\$398	\$443	\$1,105	\$1,019	\$544	\$439	\$489
24	\$1,001	\$923	\$493	\$398	\$443	\$1,105	\$1,019	\$544	\$439	\$489
25	\$1,005	\$927	\$495	\$400	\$445	\$1,110	\$1,023	\$546	\$441	\$491
26	\$1,025	\$945	\$505	\$408	\$454	\$1,132	\$1,044	\$557	\$450	\$501
27	\$1,049	\$968	\$516	\$418	\$464	\$1,158	\$1,068	\$570	\$460	\$513
28	\$1,088	\$1,004	\$536	\$433	\$482	\$1,201	\$1,108	\$591	\$478	\$532
29	\$1,120	\$1,033	\$551	\$446	\$496	\$1,237	\$1,140	\$608	\$492	\$547
30	\$1,136	\$1,048	\$559	\$452	\$503	\$1,254	\$1,157	\$617	\$499	\$555
31	\$1,160	\$1,070	\$571	\$462	\$514	\$1,281	\$1,181	\$630	\$509	\$567
32	\$1,184	\$1,092	\$583	\$471	\$524	\$1,307	\$1,206	\$643	\$520	\$579
33	\$1,199	\$1,106	\$590	\$477	\$531	\$1,324	\$1,221	\$651	\$526	\$586
34	\$1,216	\$1,121	\$598	\$484	\$538	\$1,342	\$1,237	\$660	\$533	\$594
35	\$1,224	\$1,128	\$602	\$487	\$542	\$1,350	\$1,245	\$664	\$537	\$598
36	\$1,232	\$1,136	\$606	\$490	\$545	\$1,359	\$1,253	\$669	\$540	\$602
37	\$1,240	\$1,143	\$610	\$493	\$549	\$1,368	\$1,262	\$673	\$544	\$606
38	\$1,248	\$1,150	\$614	\$496	\$552	\$1,377	\$1,270	\$677	\$547	\$609
39	\$1,264	\$1,165	\$622	\$503	\$559	\$1,395	\$1,286	\$686	\$555	\$617
40	\$1,280	\$1,180	\$630	\$509	\$566	\$1,412	\$1,302	\$695	\$562	\$625
41	\$1,304	\$1,202	\$642	\$519	\$577	\$1,439	\$1,327	\$708	\$572	\$637
42	\$1,327	\$1,223	\$653	\$528	\$587	\$1,464	\$1,350	\$720	\$582	\$648
43	\$1,359	\$1,253	\$669	\$541	\$601	\$1,500	\$1,383	\$738	\$596	\$664
44	\$1,399	\$1,290	\$688	\$557	\$619	\$1,544	\$1,424	\$759	\$614	\$683
45	\$1,446	\$1,333	\$712	\$575	\$640	\$1,596	\$1,472	\$785	\$634	\$706
46	\$1,502	\$1,385	\$739	\$598	\$665	\$1,658	\$1,529	\$815	\$659	\$734
47	\$1,565	\$1,443	\$770	\$623	\$693	\$1,727	\$1,593	\$850	\$687	\$764
48	\$1,637	\$1,510	\$806	\$651	\$725	\$1,807	\$1,666	\$889	\$718	\$800
49	\$1,708	\$1,575	\$841	\$680	\$756	\$1,885	\$1,739	\$927	\$750	\$834
50	\$1,788	\$1,649	\$880	\$712	\$792	\$1,974	\$1,820	\$971	\$785	\$874
51	\$1,867	\$1,722	\$919	\$743	\$827	\$2,061	\$1,901	\$1,014	\$819	\$912
52	\$1,954	\$1,802	\$962	\$778	\$865	\$2,157	\$1,989	\$1,061	\$858	\$955
53	\$2,043	\$1,884	\$1,005	\$813	\$904	\$2,254	\$2,079	\$1,109	\$896	\$998
54	\$2,138	\$1,971	\$1,052	\$851	\$946	\$2,359	\$2,176	\$1,161	\$938	\$1,044
55	\$2,233	\$2,059	\$1,099	\$889	\$988	\$2,464	\$2,273	\$1,212	\$980	\$1,091
56	\$2,336	\$2,154	\$1,150	\$930	\$1,034	\$2,578	\$2,378	\$1,268	\$1,025	\$1,141
57	\$2,440	\$2,250	\$1,201	\$971	\$1,080	\$2,693	\$2,483	\$1,325	\$1,071	\$1,192
58	\$2,551	\$2,353	\$1,256	\$1,015	\$1,129	\$2,816	\$2,597	\$1,385	\$1,120	\$1,246
59	\$2,606	\$2,403	\$1,283	\$1,037	\$1,154	\$2,877	\$2,653	\$1,415	\$1,144	\$1,273
60	\$2,717	\$2,506	\$1,337	\$1,081	\$1,203	\$2,999	\$2,766	\$1,475	\$1,193	\$1,327
61	\$2,813	\$2,594	\$1,385	\$1,120	\$1,245	\$3,105	\$2,864	\$1,528	\$1,235	\$1,374
62	\$2,877	\$2,653	\$1,416	\$1,145	\$1,273	\$3,175	\$2,928	\$1,562	\$1,262	\$1,405
63	\$2,956	\$2,726	\$1,455	\$1,176	\$1,308	\$3,262	\$3,008	\$1,605	\$1,297	\$1,444
64	\$3,004	\$2,770	\$1,478	\$1,195	\$1,330	\$3,315	\$3,057	\$1,631	\$1,318	\$1,467
65+	\$3,004	\$2,770	\$1,478	\$1,195	\$1,330	\$3,315	\$3,057	\$1,631	\$1,318	\$1,467

**Washington State Health Insurance Pool (WSHIP)
2017 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$500 Deductible**

**Area 2: Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Kitsap, Lewis,
Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston,**

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$867	\$722	\$824	\$686	\$867	\$722	\$824	\$686
21	\$1,365	\$1,138	\$1,297	\$1,081	\$1,507	\$1,256	\$1,432	\$1,193
22	\$1,365	\$1,138	\$1,297	\$1,081	\$1,507	\$1,256	\$1,432	\$1,193
23	\$1,365	\$1,138	\$1,297	\$1,081	\$1,507	\$1,256	\$1,432	\$1,193
24	\$1,365	\$1,138	\$1,297	\$1,081	\$1,507	\$1,256	\$1,432	\$1,193
25	\$1,371	\$1,142	\$1,302	\$1,085	\$1,513	\$1,261	\$1,437	\$1,198
26	\$1,398	\$1,165	\$1,328	\$1,107	\$1,543	\$1,286	\$1,466	\$1,222
27	\$1,431	\$1,192	\$1,359	\$1,133	\$1,579	\$1,316	\$1,500	\$1,250
28	\$1,484	\$1,237	\$1,410	\$1,175	\$1,638	\$1,365	\$1,556	\$1,297
29	\$1,528	\$1,273	\$1,451	\$1,210	\$1,686	\$1,405	\$1,602	\$1,335
30	\$1,550	\$1,291	\$1,472	\$1,227	\$1,710	\$1,425	\$1,625	\$1,354
31	\$1,582	\$1,319	\$1,503	\$1,253	\$1,747	\$1,455	\$1,659	\$1,383
32	\$1,615	\$1,346	\$1,534	\$1,279	\$1,783	\$1,486	\$1,694	\$1,411
33	\$1,636	\$1,363	\$1,554	\$1,295	\$1,805	\$1,504	\$1,715	\$1,429
34	\$1,658	\$1,381	\$1,575	\$1,312	\$1,829	\$1,525	\$1,738	\$1,448
35	\$1,668	\$1,390	\$1,585	\$1,321	\$1,841	\$1,535	\$1,749	\$1,458
36	\$1,679	\$1,399	\$1,595	\$1,329	\$1,854	\$1,545	\$1,761	\$1,467
37	\$1,690	\$1,409	\$1,606	\$1,338	\$1,866	\$1,555	\$1,772	\$1,477
38	\$1,701	\$1,418	\$1,616	\$1,347	\$1,878	\$1,565	\$1,784	\$1,486
39	\$1,723	\$1,436	\$1,637	\$1,364	\$1,902	\$1,585	\$1,807	\$1,506
40	\$1,745	\$1,454	\$1,658	\$1,381	\$1,926	\$1,605	\$1,830	\$1,525
41	\$1,778	\$1,481	\$1,689	\$1,407	\$1,962	\$1,635	\$1,864	\$1,553
42	\$1,809	\$1,508	\$1,719	\$1,432	\$1,997	\$1,664	\$1,897	\$1,581
43	\$1,853	\$1,544	\$1,760	\$1,467	\$2,045	\$1,704	\$1,943	\$1,619
44	\$1,907	\$1,589	\$1,812	\$1,510	\$2,105	\$1,754	\$2,000	\$1,667
45	\$1,972	\$1,643	\$1,873	\$1,561	\$2,176	\$1,813	\$2,067	\$1,723
46	\$2,048	\$1,707	\$1,946	\$1,621	\$2,260	\$1,884	\$2,147	\$1,790
47	\$2,134	\$1,778	\$2,027	\$1,689	\$2,355	\$1,963	\$2,238	\$1,865
48	\$2,232	\$1,860	\$2,121	\$1,767	\$2,464	\$2,053	\$2,341	\$1,951
49	\$2,329	\$1,941	\$2,213	\$1,844	\$2,571	\$2,142	\$2,442	\$2,035
50	\$2,438	\$2,032	\$2,317	\$1,930	\$2,691	\$2,243	\$2,557	\$2,131
51	\$2,546	\$2,122	\$2,419	\$2,016	\$2,810	\$2,342	\$2,670	\$2,225
52	\$2,665	\$2,221	\$2,532	\$2,110	\$2,942	\$2,451	\$2,794	\$2,329
53	\$2,785	\$2,321	\$2,646	\$2,205	\$3,074	\$2,562	\$2,920	\$2,434
54	\$2,915	\$2,429	\$2,769	\$2,308	\$3,217	\$2,681	\$3,056	\$2,547
55	\$3,045	\$2,537	\$2,892	\$2,410	\$3,360	\$2,800	\$3,192	\$2,660
56	\$3,185	\$2,654	\$3,026	\$2,522	\$3,516	\$2,930	\$3,340	\$2,783
57	\$3,327	\$2,773	\$3,161	\$2,634	\$3,672	\$3,060	\$3,489	\$2,907
58	\$3,479	\$2,899	\$3,305	\$2,754	\$3,840	\$3,200	\$3,648	\$3,040
59	\$3,554	\$2,962	\$3,376	\$2,814	\$3,923	\$3,269	\$3,726	\$3,105
60	\$3,706	\$3,088	\$3,520	\$2,934	\$4,090	\$3,408	\$3,885	\$3,238
61	\$3,837	\$3,197	\$3,645	\$3,037	\$4,235	\$3,529	\$4,023	\$3,352
62	\$3,923	\$3,269	\$3,726	\$3,105	\$4,329	\$3,608	\$4,113	\$3,427
63	\$4,030	\$3,359	\$3,829	\$3,191	\$4,449	\$3,707	\$4,226	\$3,522
64	\$4,096	\$3,413	\$3,891	\$3,243	\$4,521	\$3,767	\$4,295	\$3,579
65+	\$4,096	\$3,413	\$3,891	\$3,243	\$4,521	\$3,767	\$4,295	\$3,579

Description of Discounts:

- A** You were enrolled in a prior medical benefit plan during the 63-day period prior to application to WSHIP with continuous enrollment for 18 months.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2017 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$1,000 Deductible**

**Area 2: Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Kitsap, Lewis,
Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston,**

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$799	\$666	\$760	\$633	\$799	\$666	\$760	\$633
21	\$1,259	\$1,049	\$1,196	\$997	\$1,390	\$1,158	\$1,320	\$1,100
22	\$1,259	\$1,049	\$1,196	\$997	\$1,390	\$1,158	\$1,320	\$1,100
23	\$1,259	\$1,049	\$1,196	\$997	\$1,390	\$1,158	\$1,320	\$1,100
24	\$1,259	\$1,049	\$1,196	\$997	\$1,390	\$1,158	\$1,320	\$1,100
25	\$1,264	\$1,053	\$1,201	\$1,001	\$1,395	\$1,163	\$1,325	\$1,105
26	\$1,289	\$1,074	\$1,225	\$1,021	\$1,423	\$1,186	\$1,352	\$1,127
27	\$1,319	\$1,100	\$1,254	\$1,045	\$1,456	\$1,214	\$1,384	\$1,153
28	\$1,369	\$1,140	\$1,300	\$1,083	\$1,511	\$1,259	\$1,435	\$1,196
29	\$1,409	\$1,174	\$1,338	\$1,115	\$1,555	\$1,296	\$1,477	\$1,231
30	\$1,429	\$1,191	\$1,358	\$1,131	\$1,577	\$1,314	\$1,498	\$1,249
31	\$1,459	\$1,216	\$1,386	\$1,155	\$1,611	\$1,342	\$1,530	\$1,275
32	\$1,489	\$1,241	\$1,415	\$1,179	\$1,644	\$1,370	\$1,562	\$1,301
33	\$1,508	\$1,257	\$1,433	\$1,194	\$1,665	\$1,387	\$1,582	\$1,318
34	\$1,528	\$1,274	\$1,452	\$1,210	\$1,687	\$1,406	\$1,603	\$1,336
35	\$1,539	\$1,282	\$1,462	\$1,218	\$1,698	\$1,415	\$1,613	\$1,344
36	\$1,549	\$1,291	\$1,471	\$1,226	\$1,709	\$1,424	\$1,624	\$1,353
37	\$1,559	\$1,299	\$1,481	\$1,234	\$1,720	\$1,434	\$1,634	\$1,362
38	\$1,569	\$1,307	\$1,490	\$1,242	\$1,732	\$1,443	\$1,645	\$1,371
39	\$1,589	\$1,324	\$1,509	\$1,258	\$1,754	\$1,461	\$1,666	\$1,388
40	\$1,609	\$1,341	\$1,529	\$1,274	\$1,776	\$1,480	\$1,687	\$1,406
41	\$1,639	\$1,366	\$1,557	\$1,298	\$1,809	\$1,508	\$1,719	\$1,432
42	\$1,668	\$1,390	\$1,585	\$1,321	\$1,841	\$1,534	\$1,749	\$1,458
43	\$1,709	\$1,424	\$1,623	\$1,353	\$1,886	\$1,571	\$1,791	\$1,493
44	\$1,759	\$1,466	\$1,671	\$1,392	\$1,941	\$1,618	\$1,844	\$1,537
45	\$1,818	\$1,515	\$1,727	\$1,439	\$2,007	\$1,672	\$1,906	\$1,589
46	\$1,889	\$1,574	\$1,794	\$1,495	\$2,084	\$1,737	\$1,980	\$1,650
47	\$1,968	\$1,640	\$1,870	\$1,558	\$2,172	\$1,810	\$2,063	\$1,720
48	\$2,059	\$1,715	\$1,956	\$1,630	\$2,272	\$1,893	\$2,158	\$1,799
49	\$2,148	\$1,790	\$2,041	\$1,700	\$2,371	\$1,976	\$2,252	\$1,877
50	\$2,249	\$1,874	\$2,136	\$1,780	\$2,482	\$2,068	\$2,358	\$1,965
51	\$2,348	\$1,957	\$2,231	\$1,859	\$2,592	\$2,160	\$2,462	\$2,052
52	\$2,458	\$2,048	\$2,335	\$1,946	\$2,713	\$2,260	\$2,577	\$2,147
53	\$2,568	\$2,140	\$2,440	\$2,033	\$2,835	\$2,362	\$2,693	\$2,244
54	\$2,688	\$2,240	\$2,554	\$2,128	\$2,967	\$2,472	\$2,819	\$2,349
55	\$2,808	\$2,340	\$2,667	\$2,223	\$3,099	\$2,582	\$2,944	\$2,453
56	\$2,937	\$2,448	\$2,791	\$2,325	\$3,242	\$2,702	\$3,080	\$2,567
57	\$3,068	\$2,557	\$2,915	\$2,429	\$3,387	\$2,822	\$3,217	\$2,681
58	\$3,208	\$2,673	\$3,048	\$2,540	\$3,541	\$2,951	\$3,364	\$2,803
59	\$3,277	\$2,731	\$3,113	\$2,595	\$3,617	\$3,014	\$3,436	\$2,864
60	\$3,417	\$2,848	\$3,246	\$2,705	\$3,772	\$3,143	\$3,583	\$2,986
61	\$3,538	\$2,948	\$3,361	\$2,801	\$3,905	\$3,254	\$3,710	\$3,091
62	\$3,617	\$3,014	\$3,436	\$2,864	\$3,992	\$3,327	\$3,793	\$3,161
63	\$3,717	\$3,097	\$3,531	\$2,942	\$4,102	\$3,419	\$3,897	\$3,248
64	\$3,777	\$3,148	\$3,588	\$2,990	\$4,169	\$3,474	\$3,960	\$3,300
65+	\$3,777	\$3,148	\$3,588	\$2,990	\$4,169	\$3,474	\$3,960	\$3,300

Description of Discounts:

- A** You were enrolled in a prior medical benefit plan during the 63-day period prior to application to WSHIP with continuous enrollment for 18 months.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2017 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$1,500 Deductible**

**Area 2: Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Kitsap, Lewis,
Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston,**

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$719	\$599	\$683	\$569	\$719	\$599	\$683	\$569
21	\$1,133	\$944	\$1,076	\$897	\$1,250	\$1,042	\$1,188	\$990
22	\$1,133	\$944	\$1,076	\$897	\$1,250	\$1,042	\$1,188	\$990
23	\$1,133	\$944	\$1,076	\$897	\$1,250	\$1,042	\$1,188	\$990
24	\$1,133	\$944	\$1,076	\$897	\$1,250	\$1,042	\$1,188	\$990
25	\$1,137	\$948	\$1,080	\$900	\$1,255	\$1,046	\$1,193	\$994
26	\$1,160	\$967	\$1,102	\$918	\$1,280	\$1,067	\$1,216	\$1,014
27	\$1,187	\$989	\$1,128	\$940	\$1,310	\$1,092	\$1,245	\$1,037
28	\$1,231	\$1,026	\$1,170	\$975	\$1,359	\$1,133	\$1,291	\$1,076
29	\$1,268	\$1,056	\$1,204	\$1,004	\$1,399	\$1,166	\$1,329	\$1,108
30	\$1,286	\$1,071	\$1,221	\$1,018	\$1,419	\$1,183	\$1,348	\$1,123
31	\$1,313	\$1,094	\$1,247	\$1,039	\$1,449	\$1,208	\$1,377	\$1,147
32	\$1,340	\$1,117	\$1,273	\$1,061	\$1,479	\$1,233	\$1,405	\$1,171
33	\$1,357	\$1,131	\$1,289	\$1,074	\$1,498	\$1,248	\$1,423	\$1,186
34	\$1,375	\$1,146	\$1,306	\$1,089	\$1,518	\$1,265	\$1,442	\$1,202
35	\$1,384	\$1,154	\$1,315	\$1,096	\$1,528	\$1,273	\$1,451	\$1,210
36	\$1,393	\$1,161	\$1,324	\$1,103	\$1,538	\$1,282	\$1,461	\$1,217
37	\$1,402	\$1,169	\$1,332	\$1,110	\$1,548	\$1,290	\$1,470	\$1,225
38	\$1,411	\$1,176	\$1,341	\$1,117	\$1,558	\$1,298	\$1,480	\$1,233
39	\$1,430	\$1,191	\$1,358	\$1,132	\$1,578	\$1,315	\$1,499	\$1,249
40	\$1,448	\$1,206	\$1,375	\$1,146	\$1,598	\$1,332	\$1,518	\$1,265
41	\$1,475	\$1,229	\$1,401	\$1,168	\$1,628	\$1,357	\$1,546	\$1,289
42	\$1,501	\$1,251	\$1,426	\$1,188	\$1,657	\$1,381	\$1,574	\$1,311
43	\$1,537	\$1,281	\$1,460	\$1,217	\$1,697	\$1,414	\$1,612	\$1,343
44	\$1,582	\$1,319	\$1,503	\$1,253	\$1,747	\$1,456	\$1,659	\$1,383
45	\$1,636	\$1,363	\$1,554	\$1,295	\$1,805	\$1,504	\$1,715	\$1,429
46	\$1,699	\$1,416	\$1,614	\$1,345	\$1,875	\$1,563	\$1,782	\$1,485
47	\$1,771	\$1,475	\$1,682	\$1,402	\$1,954	\$1,628	\$1,856	\$1,547
48	\$1,852	\$1,543	\$1,759	\$1,466	\$2,044	\$1,703	\$1,942	\$1,618
49	\$1,933	\$1,610	\$1,836	\$1,530	\$2,133	\$1,777	\$2,026	\$1,689
50	\$2,023	\$1,686	\$1,922	\$1,602	\$2,233	\$1,861	\$2,121	\$1,768
51	\$2,113	\$1,761	\$2,007	\$1,673	\$2,332	\$1,943	\$2,215	\$1,846
52	\$2,211	\$1,843	\$2,101	\$1,751	\$2,441	\$2,034	\$2,319	\$1,932
53	\$2,311	\$1,926	\$2,195	\$1,829	\$2,551	\$2,125	\$2,423	\$2,019
54	\$2,418	\$2,015	\$2,298	\$1,915	\$2,669	\$2,224	\$2,536	\$2,113
55	\$2,526	\$2,105	\$2,400	\$2,000	\$2,788	\$2,323	\$2,649	\$2,207
56	\$2,643	\$2,202	\$2,511	\$2,092	\$2,917	\$2,431	\$2,771	\$2,309
57	\$2,761	\$2,300	\$2,623	\$2,185	\$3,047	\$2,539	\$2,895	\$2,412
58	\$2,886	\$2,405	\$2,742	\$2,285	\$3,186	\$2,655	\$3,026	\$2,522
59	\$2,949	\$2,457	\$2,801	\$2,334	\$3,254	\$2,712	\$3,092	\$2,576
60	\$3,074	\$2,562	\$2,921	\$2,434	\$3,393	\$2,828	\$3,224	\$2,686
61	\$3,183	\$2,653	\$3,024	\$2,520	\$3,513	\$2,928	\$3,338	\$2,781
62	\$3,254	\$2,712	\$3,092	\$2,576	\$3,592	\$2,993	\$3,412	\$2,844
63	\$3,344	\$2,787	\$3,177	\$2,647	\$3,691	\$3,076	\$3,506	\$2,922
64	\$3,398	\$2,832	\$3,228	\$2,690	\$3,751	\$3,126	\$3,563	\$2,969
65+	\$3,398	\$2,832	\$3,228	\$2,690	\$3,751	\$3,126	\$3,563	\$2,969

Description of Discounts:

- A** You were enrolled in a prior medical benefit plan during the 63-day period prior to application to WSHIP with continuous enrollment for 18 months.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2017 Monthly Premium Rates**

PREFERRED PROVIDER PLANS (PPO Plans)

Area 3: Clark, Klickitat, Skamania Counties

Age	Non-Smoker Rates					Smoker Rates				
	Deductible					Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000 HSA	\$500	\$1,000	\$2,500	\$5,000	\$3000 HSA
0-20	\$655	\$604	\$322	\$259	\$291	\$655	\$604	\$322	\$259	\$291
21	\$1,032	\$952	\$508	\$409	\$459	\$1,140	\$1,051	\$560	\$451	\$506
22	\$1,032	\$952	\$508	\$409	\$459	\$1,140	\$1,051	\$560	\$451	\$506
23	\$1,032	\$952	\$508	\$409	\$459	\$1,140	\$1,051	\$560	\$451	\$506
24	\$1,032	\$952	\$508	\$409	\$459	\$1,140	\$1,051	\$560	\$451	\$506
25	\$1,036	\$956	\$510	\$410	\$461	\$1,144	\$1,055	\$562	\$453	\$508
26	\$1,057	\$975	\$520	\$418	\$470	\$1,167	\$1,076	\$574	\$462	\$518
27	\$1,082	\$997	\$532	\$428	\$481	\$1,194	\$1,101	\$587	\$472	\$530
28	\$1,122	\$1,035	\$552	\$444	\$499	\$1,239	\$1,142	\$609	\$490	\$550
29	\$1,155	\$1,065	\$568	\$457	\$513	\$1,275	\$1,176	\$627	\$504	\$566
30	\$1,171	\$1,080	\$576	\$464	\$521	\$1,293	\$1,193	\$636	\$512	\$575
31	\$1,196	\$1,103	\$588	\$474	\$532	\$1,321	\$1,218	\$649	\$522	\$587
32	\$1,221	\$1,126	\$600	\$483	\$543	\$1,348	\$1,243	\$663	\$533	\$599
33	\$1,236	\$1,140	\$608	\$489	\$550	\$1,365	\$1,259	\$671	\$540	\$606
34	\$1,253	\$1,155	\$616	\$496	\$557	\$1,383	\$1,276	\$680	\$547	\$615
35	\$1,261	\$1,163	\$620	\$499	\$561	\$1,393	\$1,284	\$685	\$551	\$619
36	\$1,269	\$1,171	\$624	\$503	\$564	\$1,402	\$1,293	\$689	\$554	\$623
37	\$1,278	\$1,178	\$628	\$506	\$568	\$1,411	\$1,301	\$694	\$558	\$627
38	\$1,286	\$1,186	\$632	\$509	\$572	\$1,420	\$1,309	\$698	\$562	\$631
39	\$1,303	\$1,201	\$641	\$516	\$579	\$1,438	\$1,326	\$707	\$569	\$639
40	\$1,319	\$1,216	\$649	\$522	\$586	\$1,456	\$1,343	\$716	\$576	\$647
41	\$1,344	\$1,239	\$661	\$532	\$597	\$1,484	\$1,368	\$729	\$587	\$659
42	\$1,368	\$1,261	\$673	\$541	\$608	\$1,510	\$1,392	\$742	\$597	\$671
43	\$1,401	\$1,292	\$689	\$554	\$623	\$1,546	\$1,426	\$760	\$612	\$687
44	\$1,442	\$1,330	\$709	\$571	\$641	\$1,592	\$1,468	\$783	\$630	\$707
45	\$1,490	\$1,374	\$733	\$590	\$663	\$1,646	\$1,517	\$809	\$651	\$731
46	\$1,548	\$1,428	\$761	\$613	\$688	\$1,709	\$1,576	\$840	\$676	\$759
47	\$1,613	\$1,488	\$793	\$639	\$717	\$1,781	\$1,643	\$876	\$705	\$791
48	\$1,687	\$1,556	\$830	\$668	\$750	\$1,863	\$1,718	\$916	\$737	\$828
49	\$1,761	\$1,624	\$866	\$697	\$783	\$1,944	\$1,793	\$956	\$769	\$864
50	\$1,843	\$1,700	\$907	\$730	\$820	\$2,035	\$1,877	\$1,000	\$805	\$904
51	\$1,925	\$1,775	\$947	\$762	\$856	\$2,125	\$1,960	\$1,045	\$841	\$944
52	\$2,015	\$1,858	\$991	\$798	\$896	\$2,224	\$2,051	\$1,093	\$880	\$988
53	\$2,106	\$1,942	\$1,035	\$834	\$936	\$2,325	\$2,144	\$1,143	\$920	\$1,033
54	\$2,204	\$2,032	\$1,084	\$872	\$980	\$2,433	\$2,244	\$1,196	\$962	\$1,081
55	\$2,302	\$2,122	\$1,132	\$911	\$1,023	\$2,541	\$2,343	\$1,249	\$1,005	\$1,129
56	\$2,408	\$2,220	\$1,184	\$953	\$1,071	\$2,659	\$2,452	\$1,307	\$1,052	\$1,181
57	\$2,515	\$2,319	\$1,237	\$996	\$1,118	\$2,777	\$2,561	\$1,365	\$1,098	\$1,234
58	\$2,630	\$2,425	\$1,293	\$1,041	\$1,169	\$2,904	\$2,678	\$1,427	\$1,148	\$1,290
59	\$2,687	\$2,477	\$1,321	\$1,064	\$1,194	\$2,966	\$2,735	\$1,458	\$1,173	\$1,318
60	\$2,801	\$2,583	\$1,378	\$1,109	\$1,245	\$3,093	\$2,852	\$1,520	\$1,223	\$1,374
61	\$2,900	\$2,674	\$1,426	\$1,148	\$1,289	\$3,202	\$2,953	\$1,574	\$1,267	\$1,422
62	\$2,965	\$2,734	\$1,458	\$1,174	\$1,318	\$3,274	\$3,019	\$1,609	\$1,295	\$1,454
63	\$3,047	\$2,810	\$1,498	\$1,206	\$1,355	\$3,364	\$3,102	\$1,654	\$1,331	\$1,494
64	\$3,096	\$2,855	\$1,523	\$1,226	\$1,377	\$3,419	\$3,153	\$1,681	\$1,352	\$1,519
65+	\$3,096	\$2,855	\$1,523	\$1,226	\$1,377	\$3,419	\$3,153	\$1,681	\$1,352	\$1,519

**Washington State Health Insurance Pool (WSHIP)
2017 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$500 Deductible**

Area 3: Clark, Klickitat, Skamania Counties

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$894	\$745	\$849	\$708	\$894	\$745	\$849	\$708
21	\$1,407	\$1,173	\$1,337	\$1,114	\$1,554	\$1,295	\$1,476	\$1,230
22	\$1,407	\$1,173	\$1,337	\$1,114	\$1,554	\$1,295	\$1,476	\$1,230
23	\$1,407	\$1,173	\$1,337	\$1,114	\$1,554	\$1,295	\$1,476	\$1,230
24	\$1,407	\$1,173	\$1,337	\$1,114	\$1,554	\$1,295	\$1,476	\$1,230
25	\$1,413	\$1,178	\$1,342	\$1,119	\$1,560	\$1,300	\$1,482	\$1,235
26	\$1,441	\$1,201	\$1,369	\$1,141	\$1,591	\$1,326	\$1,512	\$1,260
27	\$1,475	\$1,229	\$1,401	\$1,168	\$1,629	\$1,357	\$1,547	\$1,289
28	\$1,530	\$1,275	\$1,453	\$1,211	\$1,689	\$1,408	\$1,605	\$1,337
29	\$1,575	\$1,312	\$1,496	\$1,247	\$1,739	\$1,449	\$1,652	\$1,377
30	\$1,597	\$1,331	\$1,518	\$1,265	\$1,764	\$1,470	\$1,676	\$1,396
31	\$1,631	\$1,359	\$1,550	\$1,291	\$1,801	\$1,501	\$1,711	\$1,426
32	\$1,665	\$1,387	\$1,582	\$1,318	\$1,838	\$1,532	\$1,746	\$1,455
33	\$1,686	\$1,405	\$1,602	\$1,335	\$1,862	\$1,551	\$1,769	\$1,474
34	\$1,709	\$1,424	\$1,623	\$1,353	\$1,887	\$1,572	\$1,792	\$1,493
35	\$1,720	\$1,433	\$1,634	\$1,362	\$1,899	\$1,582	\$1,804	\$1,503
36	\$1,731	\$1,443	\$1,645	\$1,370	\$1,911	\$1,593	\$1,816	\$1,513
37	\$1,742	\$1,452	\$1,655	\$1,379	\$1,924	\$1,603	\$1,828	\$1,523
38	\$1,754	\$1,461	\$1,666	\$1,388	\$1,936	\$1,614	\$1,839	\$1,533
39	\$1,776	\$1,480	\$1,687	\$1,406	\$1,961	\$1,634	\$1,863	\$1,553
40	\$1,799	\$1,499	\$1,709	\$1,424	\$1,986	\$1,655	\$1,887	\$1,572
41	\$1,832	\$1,527	\$1,741	\$1,451	\$2,023	\$1,686	\$1,922	\$1,602
42	\$1,865	\$1,554	\$1,772	\$1,476	\$2,059	\$1,716	\$1,956	\$1,630
43	\$1,910	\$1,592	\$1,814	\$1,512	\$2,109	\$1,757	\$2,003	\$1,669
44	\$1,966	\$1,638	\$1,868	\$1,557	\$2,171	\$1,809	\$2,062	\$1,719
45	\$2,032	\$1,694	\$1,931	\$1,609	\$2,244	\$1,870	\$2,132	\$1,776
46	\$2,111	\$1,759	\$2,006	\$1,671	\$2,331	\$1,942	\$2,214	\$1,845
47	\$2,200	\$1,833	\$2,090	\$1,742	\$2,429	\$2,024	\$2,307	\$1,923
48	\$2,301	\$1,918	\$2,186	\$1,822	\$2,541	\$2,117	\$2,414	\$2,011
49	\$2,401	\$2,001	\$2,281	\$1,901	\$2,651	\$2,209	\$2,519	\$2,099
50	\$2,514	\$2,095	\$2,388	\$1,990	\$2,775	\$2,313	\$2,637	\$2,197
51	\$2,625	\$2,187	\$2,494	\$2,078	\$2,898	\$2,415	\$2,753	\$2,294
52	\$2,747	\$2,289	\$2,610	\$2,175	\$3,033	\$2,528	\$2,882	\$2,401
53	\$2,871	\$2,393	\$2,728	\$2,273	\$3,170	\$2,642	\$3,012	\$2,510
54	\$3,005	\$2,504	\$2,855	\$2,379	\$3,318	\$2,765	\$3,152	\$2,627
55	\$3,139	\$2,615	\$2,982	\$2,485	\$3,465	\$2,888	\$3,292	\$2,743
56	\$3,284	\$2,736	\$3,119	\$2,599	\$3,625	\$3,021	\$3,444	\$2,870
57	\$3,430	\$2,858	\$3,258	\$2,715	\$3,787	\$3,156	\$3,598	\$2,998
58	\$3,586	\$2,988	\$3,407	\$2,839	\$3,960	\$3,300	\$3,762	\$3,135
59	\$3,664	\$3,053	\$3,480	\$2,900	\$4,045	\$3,371	\$3,843	\$3,202
60	\$3,820	\$3,183	\$3,629	\$3,024	\$4,217	\$3,515	\$4,007	\$3,339
61	\$3,955	\$3,296	\$3,757	\$3,131	\$4,367	\$3,639	\$4,148	\$3,457
62	\$4,044	\$3,370	\$3,841	\$3,201	\$4,465	\$3,720	\$4,241	\$3,534
63	\$4,155	\$3,462	\$3,947	\$3,289	\$4,587	\$3,823	\$4,358	\$3,632
64	\$4,222	\$3,519	\$4,011	\$3,343	\$4,662	\$3,885	\$4,429	\$3,691
65+	\$4,222	\$3,519	\$4,011	\$3,343	\$4,662	\$3,885	\$4,429	\$3,691

Description of Discounts:

- A** You were enrolled in a prior medical benefit plan during the 63-day period prior to application to WSHIP with continuous enrollment for 18 months.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2017 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$1,000 Deductible**

Area 3: Clark, Klickitat, Skamania Counties

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$824	\$687	\$783	\$652	\$824	\$687	\$783	\$652
21	\$1,298	\$1,082	\$1,233	\$1,027	\$1,433	\$1,194	\$1,361	\$1,134
22	\$1,298	\$1,082	\$1,233	\$1,027	\$1,433	\$1,194	\$1,361	\$1,134
23	\$1,298	\$1,082	\$1,233	\$1,027	\$1,433	\$1,194	\$1,361	\$1,134
24	\$1,298	\$1,082	\$1,233	\$1,027	\$1,433	\$1,194	\$1,361	\$1,134
25	\$1,303	\$1,086	\$1,238	\$1,032	\$1,439	\$1,199	\$1,367	\$1,139
26	\$1,329	\$1,108	\$1,263	\$1,052	\$1,467	\$1,223	\$1,394	\$1,162
27	\$1,360	\$1,133	\$1,292	\$1,077	\$1,502	\$1,251	\$1,427	\$1,189
28	\$1,411	\$1,176	\$1,340	\$1,117	\$1,558	\$1,298	\$1,480	\$1,233
29	\$1,452	\$1,210	\$1,380	\$1,150	\$1,604	\$1,336	\$1,523	\$1,269
30	\$1,473	\$1,228	\$1,399	\$1,166	\$1,626	\$1,355	\$1,545	\$1,288
31	\$1,504	\$1,254	\$1,429	\$1,191	\$1,661	\$1,384	\$1,578	\$1,315
32	\$1,535	\$1,279	\$1,459	\$1,216	\$1,695	\$1,413	\$1,610	\$1,342
33	\$1,555	\$1,296	\$1,477	\$1,231	\$1,717	\$1,431	\$1,631	\$1,359
34	\$1,576	\$1,313	\$1,497	\$1,247	\$1,740	\$1,450	\$1,653	\$1,377
35	\$1,586	\$1,322	\$1,507	\$1,256	\$1,751	\$1,459	\$1,664	\$1,386
36	\$1,596	\$1,330	\$1,517	\$1,264	\$1,763	\$1,469	\$1,674	\$1,395
37	\$1,607	\$1,339	\$1,526	\$1,272	\$1,774	\$1,478	\$1,685	\$1,404
38	\$1,617	\$1,348	\$1,536	\$1,280	\$1,786	\$1,488	\$1,696	\$1,414
39	\$1,638	\$1,365	\$1,556	\$1,297	\$1,808	\$1,507	\$1,718	\$1,432
40	\$1,659	\$1,382	\$1,576	\$1,313	\$1,831	\$1,526	\$1,740	\$1,450
41	\$1,690	\$1,408	\$1,605	\$1,338	\$1,866	\$1,555	\$1,772	\$1,477
42	\$1,720	\$1,433	\$1,634	\$1,361	\$1,899	\$1,582	\$1,804	\$1,503
43	\$1,761	\$1,468	\$1,673	\$1,394	\$1,945	\$1,620	\$1,847	\$1,539
44	\$1,813	\$1,511	\$1,722	\$1,435	\$2,002	\$1,668	\$1,902	\$1,585
45	\$1,874	\$1,562	\$1,780	\$1,484	\$2,069	\$1,724	\$1,966	\$1,638
46	\$1,947	\$1,622	\$1,849	\$1,541	\$2,150	\$1,791	\$2,042	\$1,702
47	\$2,029	\$1,690	\$1,927	\$1,606	\$2,240	\$1,866	\$2,128	\$1,773
48	\$2,122	\$1,768	\$2,016	\$1,680	\$2,343	\$1,952	\$2,226	\$1,855
49	\$2,214	\$1,845	\$2,103	\$1,753	\$2,445	\$2,037	\$2,322	\$1,935
50	\$2,318	\$1,932	\$2,202	\$1,835	\$2,559	\$2,133	\$2,431	\$2,026
51	\$2,421	\$2,017	\$2,299	\$1,916	\$2,673	\$2,227	\$2,539	\$2,116
52	\$2,533	\$2,111	\$2,407	\$2,006	\$2,797	\$2,331	\$2,657	\$2,214
53	\$2,648	\$2,206	\$2,515	\$2,096	\$2,923	\$2,436	\$2,777	\$2,314
54	\$2,771	\$2,309	\$2,632	\$2,194	\$3,059	\$2,550	\$2,906	\$2,422
55	\$2,894	\$2,412	\$2,750	\$2,291	\$3,196	\$2,663	\$3,036	\$2,530
56	\$3,028	\$2,523	\$2,877	\$2,397	\$3,343	\$2,786	\$3,176	\$2,647
57	\$3,163	\$2,636	\$3,005	\$2,504	\$3,492	\$2,910	\$3,318	\$2,765
58	\$3,307	\$2,756	\$3,142	\$2,618	\$3,651	\$3,043	\$3,469	\$2,891
59	\$3,378	\$2,815	\$3,209	\$2,675	\$3,730	\$3,108	\$3,544	\$2,953
60	\$3,522	\$2,935	\$3,346	\$2,789	\$3,889	\$3,241	\$3,695	\$3,079
61	\$3,647	\$3,039	\$3,465	\$2,887	\$4,027	\$3,356	\$3,825	\$3,188
62	\$3,729	\$3,107	\$3,542	\$2,952	\$4,117	\$3,431	\$3,911	\$3,259
63	\$3,831	\$3,193	\$3,640	\$3,033	\$4,230	\$3,525	\$4,019	\$3,349
64	\$3,894	\$3,245	\$3,699	\$3,082	\$4,299	\$3,583	\$4,084	\$3,403
65+	\$3,894	\$3,245	\$3,699	\$3,082	\$4,299	\$3,583	\$4,084	\$3,403

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- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2017 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$1,500 Deductible**

Area 3: Clark, Klickitat, Skamania Counties

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$741	\$618	\$704	\$587	\$741	\$618	\$704	\$587
21	\$1,168	\$973	\$1,109	\$924	\$1,289	\$1,074	\$1,225	\$1,021
22	\$1,168	\$973	\$1,109	\$924	\$1,289	\$1,074	\$1,225	\$1,021
23	\$1,168	\$973	\$1,109	\$924	\$1,289	\$1,074	\$1,225	\$1,021
24	\$1,168	\$973	\$1,109	\$924	\$1,289	\$1,074	\$1,225	\$1,021
25	\$1,172	\$977	\$1,114	\$928	\$1,294	\$1,079	\$1,230	\$1,025
26	\$1,196	\$996	\$1,136	\$947	\$1,320	\$1,100	\$1,254	\$1,045
27	\$1,224	\$1,020	\$1,163	\$969	\$1,351	\$1,126	\$1,284	\$1,070
28	\$1,269	\$1,058	\$1,206	\$1,005	\$1,401	\$1,168	\$1,331	\$1,109
29	\$1,307	\$1,089	\$1,241	\$1,034	\$1,443	\$1,202	\$1,371	\$1,142
30	\$1,325	\$1,104	\$1,259	\$1,049	\$1,463	\$1,219	\$1,390	\$1,158
31	\$1,353	\$1,128	\$1,286	\$1,071	\$1,494	\$1,245	\$1,420	\$1,183
32	\$1,381	\$1,151	\$1,312	\$1,094	\$1,525	\$1,271	\$1,449	\$1,207
33	\$1,399	\$1,166	\$1,329	\$1,107	\$1,545	\$1,287	\$1,467	\$1,223
34	\$1,418	\$1,181	\$1,347	\$1,122	\$1,565	\$1,304	\$1,487	\$1,239
35	\$1,427	\$1,189	\$1,356	\$1,130	\$1,576	\$1,313	\$1,497	\$1,247
36	\$1,436	\$1,197	\$1,364	\$1,137	\$1,586	\$1,322	\$1,507	\$1,255
37	\$1,446	\$1,205	\$1,373	\$1,144	\$1,596	\$1,330	\$1,516	\$1,264
38	\$1,455	\$1,212	\$1,382	\$1,152	\$1,606	\$1,339	\$1,526	\$1,272
39	\$1,474	\$1,228	\$1,400	\$1,167	\$1,627	\$1,356	\$1,546	\$1,288
40	\$1,492	\$1,244	\$1,418	\$1,181	\$1,648	\$1,373	\$1,565	\$1,304
41	\$1,520	\$1,267	\$1,444	\$1,204	\$1,679	\$1,399	\$1,595	\$1,329
42	\$1,547	\$1,289	\$1,470	\$1,225	\$1,708	\$1,424	\$1,623	\$1,352
43	\$1,585	\$1,320	\$1,505	\$1,254	\$1,750	\$1,458	\$1,662	\$1,385
44	\$1,631	\$1,359	\$1,550	\$1,291	\$1,801	\$1,501	\$1,711	\$1,426
45	\$1,686	\$1,405	\$1,602	\$1,335	\$1,862	\$1,551	\$1,769	\$1,474
46	\$1,752	\$1,460	\$1,664	\$1,387	\$1,934	\$1,612	\$1,837	\$1,531
47	\$1,825	\$1,521	\$1,734	\$1,445	\$2,015	\$1,679	\$1,914	\$1,595
48	\$1,909	\$1,591	\$1,814	\$1,511	\$2,108	\$1,757	\$2,003	\$1,669
49	\$1,992	\$1,660	\$1,892	\$1,577	\$2,200	\$1,833	\$2,090	\$1,741
50	\$2,086	\$1,738	\$1,981	\$1,651	\$2,303	\$1,919	\$2,188	\$1,823
51	\$2,178	\$1,815	\$2,069	\$1,724	\$2,405	\$2,004	\$2,284	\$1,904
52	\$2,279	\$1,899	\$2,165	\$1,804	\$2,517	\$2,097	\$2,391	\$1,992
53	\$2,382	\$1,985	\$2,263	\$1,886	\$2,630	\$2,192	\$2,499	\$2,082
54	\$2,493	\$2,078	\$2,368	\$1,974	\$2,753	\$2,294	\$2,615	\$2,179
55	\$2,604	\$2,170	\$2,474	\$2,061	\$2,875	\$2,396	\$2,731	\$2,276
56	\$2,724	\$2,270	\$2,588	\$2,157	\$3,008	\$2,507	\$2,858	\$2,381
57	\$2,846	\$2,371	\$2,703	\$2,253	\$3,142	\$2,618	\$2,985	\$2,487
58	\$2,975	\$2,479	\$2,827	\$2,355	\$3,285	\$2,738	\$3,121	\$2,601
59	\$3,040	\$2,533	\$2,888	\$2,406	\$3,356	\$2,797	\$3,188	\$2,657
60	\$3,169	\$2,641	\$3,011	\$2,509	\$3,499	\$2,916	\$3,324	\$2,770
61	\$3,281	\$2,734	\$3,117	\$2,598	\$3,623	\$3,019	\$3,442	\$2,868
62	\$3,355	\$2,796	\$3,187	\$2,656	\$3,704	\$3,087	\$3,519	\$2,932
63	\$3,447	\$2,873	\$3,275	\$2,729	\$3,806	\$3,172	\$3,616	\$3,013
64	\$3,503	\$2,919	\$3,328	\$2,773	\$3,868	\$3,223	\$3,674	\$3,062
65+	\$3,503	\$2,919	\$3,328	\$2,773	\$3,868	\$3,223	\$3,674	\$3,062

Description of Discounts:

- A** You were enrolled in a prior medical benefit plan during the 63-day period prior to application to WSHIP with continuous enrollment for 18 months.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2017 Monthly Premium Rates**

PREFERRED PROVIDER PLANS (PPO Plans)

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

Age	Non-Smoker Rates					Smoker Rates				
	Deductible					Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000 HSA	\$500	\$1,000	\$2,500	\$5,000	\$3000 HSA
0-20	\$583	\$538	\$287	\$230	\$262	\$583	\$538	\$287	\$230	\$262
21	\$919	\$847	\$453	\$362	\$412	\$1,011	\$932	\$498	\$399	\$453
22	\$919	\$847	\$453	\$362	\$412	\$1,011	\$932	\$498	\$399	\$453
23	\$919	\$847	\$453	\$362	\$412	\$1,011	\$932	\$498	\$399	\$453
24	\$919	\$847	\$453	\$362	\$412	\$1,011	\$932	\$498	\$399	\$453
25	\$923	\$851	\$455	\$364	\$414	\$1,015	\$936	\$500	\$400	\$455
26	\$941	\$868	\$464	\$371	\$422	\$1,035	\$955	\$510	\$408	\$464
27	\$963	\$888	\$474	\$380	\$432	\$1,060	\$977	\$522	\$418	\$475
28	\$999	\$921	\$492	\$394	\$448	\$1,099	\$1,014	\$541	\$433	\$493
29	\$1,028	\$948	\$507	\$406	\$461	\$1,131	\$1,043	\$557	\$446	\$507
30	\$1,043	\$962	\$514	\$411	\$468	\$1,148	\$1,058	\$565	\$452	\$514
31	\$1,065	\$982	\$525	\$420	\$478	\$1,172	\$1,081	\$577	\$462	\$525
32	\$1,087	\$1,002	\$536	\$429	\$488	\$1,196	\$1,103	\$589	\$472	\$536
33	\$1,101	\$1,015	\$542	\$434	\$494	\$1,211	\$1,117	\$597	\$478	\$543
34	\$1,115	\$1,029	\$550	\$440	\$500	\$1,228	\$1,132	\$605	\$484	\$550
35	\$1,123	\$1,035	\$553	\$443	\$504	\$1,236	\$1,139	\$609	\$487	\$554
36	\$1,130	\$1,042	\$557	\$446	\$507	\$1,244	\$1,147	\$613	\$490	\$558
37	\$1,138	\$1,049	\$560	\$449	\$510	\$1,252	\$1,154	\$617	\$494	\$561
38	\$1,145	\$1,056	\$564	\$452	\$513	\$1,260	\$1,162	\$621	\$497	\$565
39	\$1,160	\$1,069	\$571	\$457	\$520	\$1,276	\$1,177	\$628	\$503	\$572
40	\$1,174	\$1,083	\$579	\$463	\$527	\$1,292	\$1,192	\$636	\$509	\$579
41	\$1,196	\$1,103	\$589	\$472	\$537	\$1,316	\$1,214	\$648	\$519	\$590
42	\$1,217	\$1,123	\$600	\$480	\$546	\$1,340	\$1,235	\$660	\$528	\$601
43	\$1,247	\$1,150	\$614	\$492	\$559	\$1,372	\$1,265	\$676	\$541	\$615
44	\$1,284	\$1,184	\$632	\$506	\$576	\$1,413	\$1,303	\$696	\$557	\$633
45	\$1,327	\$1,224	\$654	\$523	\$595	\$1,460	\$1,346	\$719	\$576	\$655
46	\$1,378	\$1,271	\$679	\$544	\$618	\$1,517	\$1,399	\$747	\$598	\$680
47	\$1,436	\$1,324	\$708	\$567	\$644	\$1,580	\$1,457	\$778	\$623	\$708
48	\$1,502	\$1,385	\$740	\$593	\$674	\$1,653	\$1,525	\$814	\$652	\$741
49	\$1,568	\$1,446	\$772	\$618	\$703	\$1,725	\$1,591	\$850	\$680	\$773
50	\$1,641	\$1,513	\$809	\$647	\$736	\$1,806	\$1,665	\$889	\$712	\$810
51	\$1,714	\$1,580	\$844	\$676	\$769	\$1,886	\$1,739	\$929	\$743	\$845
52	\$1,794	\$1,654	\$884	\$708	\$804	\$1,974	\$1,820	\$972	\$778	\$885
53	\$1,874	\$1,729	\$924	\$739	\$841	\$2,063	\$1,902	\$1,016	\$813	\$925
54	\$1,962	\$1,809	\$967	\$774	\$880	\$2,159	\$1,991	\$1,063	\$851	\$968
55	\$2,049	\$1,890	\$1,010	\$808	\$919	\$2,255	\$2,079	\$1,111	\$889	\$1,011
56	\$2,144	\$1,977	\$1,056	\$846	\$961	\$2,359	\$2,175	\$1,162	\$930	\$1,058
57	\$2,239	\$2,065	\$1,103	\$883	\$1,004	\$2,464	\$2,272	\$1,214	\$972	\$1,105
58	\$2,341	\$2,159	\$1,154	\$924	\$1,050	\$2,576	\$2,376	\$1,269	\$1,016	\$1,155
59	\$2,392	\$2,206	\$1,178	\$944	\$1,073	\$2,632	\$2,427	\$1,296	\$1,038	\$1,180
60	\$2,494	\$2,300	\$1,229	\$984	\$1,118	\$2,744	\$2,531	\$1,352	\$1,082	\$1,230
61	\$2,582	\$2,381	\$1,272	\$1,019	\$1,158	\$2,841	\$2,620	\$1,399	\$1,120	\$1,274
62	\$2,640	\$2,434	\$1,301	\$1,041	\$1,184	\$2,905	\$2,679	\$1,431	\$1,145	\$1,302
63	\$2,712	\$2,501	\$1,336	\$1,070	\$1,217	\$2,985	\$2,753	\$1,470	\$1,177	\$1,338
64	\$2,757	\$2,542	\$1,358	\$1,087	\$1,236	\$3,033	\$2,797	\$1,494	\$1,196	\$1,360
65+	\$2,757	\$2,542	\$1,358	\$1,087	\$1,236	\$3,033	\$2,797	\$1,494	\$1,196	\$1,360

**Washington State Health Insurance Pool (WSHIP)
2017 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$500 Deductible**

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

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$796	\$663	\$756	\$630	\$796	\$663	\$756	\$630
21	\$1,253	\$1,044	\$1,190	\$992	\$1,379	\$1,149	\$1,310	\$1,092
22	\$1,253	\$1,044	\$1,190	\$992	\$1,379	\$1,149	\$1,310	\$1,092
23	\$1,253	\$1,044	\$1,190	\$992	\$1,379	\$1,149	\$1,310	\$1,092
24	\$1,253	\$1,044	\$1,190	\$992	\$1,379	\$1,149	\$1,310	\$1,092
25	\$1,258	\$1,048	\$1,195	\$996	\$1,384	\$1,154	\$1,315	\$1,096
26	\$1,283	\$1,069	\$1,219	\$1,016	\$1,412	\$1,177	\$1,341	\$1,118
27	\$1,313	\$1,094	\$1,247	\$1,040	\$1,445	\$1,204	\$1,373	\$1,144
28	\$1,362	\$1,135	\$1,294	\$1,078	\$1,499	\$1,249	\$1,424	\$1,187
29	\$1,402	\$1,168	\$1,332	\$1,110	\$1,543	\$1,286	\$1,466	\$1,221
30	\$1,422	\$1,185	\$1,351	\$1,126	\$1,565	\$1,304	\$1,487	\$1,239
31	\$1,452	\$1,210	\$1,380	\$1,150	\$1,598	\$1,332	\$1,518	\$1,265
32	\$1,482	\$1,235	\$1,408	\$1,173	\$1,631	\$1,359	\$1,550	\$1,291
33	\$1,501	\$1,251	\$1,426	\$1,188	\$1,652	\$1,377	\$1,569	\$1,308
34	\$1,521	\$1,268	\$1,445	\$1,204	\$1,674	\$1,395	\$1,590	\$1,325
35	\$1,531	\$1,276	\$1,455	\$1,212	\$1,685	\$1,404	\$1,601	\$1,334
36	\$1,541	\$1,284	\$1,464	\$1,220	\$1,696	\$1,413	\$1,611	\$1,343
37	\$1,551	\$1,293	\$1,474	\$1,228	\$1,707	\$1,422	\$1,622	\$1,351
38	\$1,561	\$1,301	\$1,483	\$1,236	\$1,718	\$1,432	\$1,632	\$1,360
39	\$1,581	\$1,318	\$1,502	\$1,252	\$1,740	\$1,450	\$1,653	\$1,378
40	\$1,601	\$1,334	\$1,521	\$1,268	\$1,762	\$1,468	\$1,674	\$1,395
41	\$1,631	\$1,359	\$1,550	\$1,292	\$1,795	\$1,496	\$1,705	\$1,421
42	\$1,660	\$1,384	\$1,577	\$1,314	\$1,827	\$1,522	\$1,736	\$1,446
43	\$1,700	\$1,417	\$1,615	\$1,346	\$1,871	\$1,559	\$1,778	\$1,481
44	\$1,750	\$1,459	\$1,663	\$1,386	\$1,926	\$1,605	\$1,830	\$1,525
45	\$1,809	\$1,508	\$1,719	\$1,432	\$1,991	\$1,659	\$1,891	\$1,576
46	\$1,879	\$1,566	\$1,786	\$1,488	\$2,068	\$1,724	\$1,965	\$1,637
47	\$1,958	\$1,632	\$1,860	\$1,550	\$2,155	\$1,796	\$2,047	\$1,706
48	\$2,049	\$1,707	\$1,946	\$1,622	\$2,254	\$1,879	\$2,142	\$1,785
49	\$2,138	\$1,781	\$2,031	\$1,692	\$2,352	\$1,960	\$2,235	\$1,862
50	\$2,238	\$1,865	\$2,126	\$1,772	\$2,463	\$2,052	\$2,339	\$1,950
51	\$2,337	\$1,947	\$2,220	\$1,850	\$2,571	\$2,143	\$2,443	\$2,036
52	\$2,446	\$2,038	\$2,324	\$1,936	\$2,691	\$2,243	\$2,557	\$2,131
53	\$2,556	\$2,130	\$2,428	\$2,024	\$2,813	\$2,344	\$2,672	\$2,227
54	\$2,675	\$2,229	\$2,541	\$2,118	\$2,944	\$2,453	\$2,797	\$2,330
55	\$2,794	\$2,328	\$2,654	\$2,212	\$3,075	\$2,562	\$2,921	\$2,434
56	\$2,923	\$2,436	\$2,777	\$2,314	\$3,217	\$2,681	\$3,056	\$2,547
57	\$3,054	\$2,545	\$2,901	\$2,417	\$3,360	\$2,800	\$3,192	\$2,660
58	\$3,193	\$2,661	\$3,033	\$2,527	\$3,513	\$2,928	\$3,338	\$2,781
59	\$3,262	\$2,718	\$3,098	\$2,582	\$3,589	\$2,991	\$3,410	\$2,841
60	\$3,401	\$2,834	\$3,231	\$2,692	\$3,742	\$3,118	\$3,555	\$2,963
61	\$3,521	\$2,934	\$3,345	\$2,787	\$3,874	\$3,229	\$3,681	\$3,067
62	\$3,600	\$3,000	\$3,420	\$2,850	\$3,961	\$3,301	\$3,763	\$3,136
63	\$3,699	\$3,082	\$3,514	\$2,928	\$4,070	\$3,392	\$3,867	\$3,222
64	\$3,759	\$3,132	\$3,571	\$2,976	\$4,136	\$3,447	\$3,930	\$3,275
65+	\$3,759	\$3,132	\$3,571	\$2,976	\$4,136	\$3,447	\$3,930	\$3,275

Description of Discounts:

- A** You were enrolled in a prior medical benefit plan during the 63-day period prior to application to WSHIP with continuous enrollment for 18 months.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2017 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$1,000 Deductible**

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

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$734	\$611	\$697	\$581	\$734	\$611	\$697	\$581
21	\$1,155	\$963	\$1,098	\$915	\$1,271	\$1,060	\$1,208	\$1,007
22	\$1,155	\$963	\$1,098	\$915	\$1,271	\$1,060	\$1,208	\$1,007
23	\$1,155	\$963	\$1,098	\$915	\$1,271	\$1,060	\$1,208	\$1,007
24	\$1,155	\$963	\$1,098	\$915	\$1,271	\$1,060	\$1,208	\$1,007
25	\$1,160	\$967	\$1,102	\$918	\$1,277	\$1,064	\$1,213	\$1,011
26	\$1,183	\$986	\$1,124	\$937	\$1,302	\$1,085	\$1,237	\$1,031
27	\$1,211	\$1,009	\$1,150	\$959	\$1,333	\$1,110	\$1,266	\$1,055
28	\$1,256	\$1,047	\$1,193	\$994	\$1,382	\$1,152	\$1,313	\$1,094
29	\$1,293	\$1,077	\$1,228	\$1,024	\$1,423	\$1,186	\$1,352	\$1,126
30	\$1,311	\$1,093	\$1,246	\$1,038	\$1,443	\$1,203	\$1,371	\$1,142
31	\$1,339	\$1,116	\$1,272	\$1,060	\$1,474	\$1,228	\$1,400	\$1,167
32	\$1,367	\$1,139	\$1,299	\$1,082	\$1,504	\$1,253	\$1,429	\$1,191
33	\$1,384	\$1,154	\$1,315	\$1,096	\$1,523	\$1,269	\$1,447	\$1,206
34	\$1,403	\$1,169	\$1,333	\$1,110	\$1,544	\$1,286	\$1,466	\$1,222
35	\$1,412	\$1,177	\$1,341	\$1,118	\$1,554	\$1,295	\$1,476	\$1,230
36	\$1,421	\$1,184	\$1,350	\$1,125	\$1,564	\$1,303	\$1,486	\$1,238
37	\$1,430	\$1,192	\$1,359	\$1,132	\$1,574	\$1,312	\$1,495	\$1,246
38	\$1,440	\$1,200	\$1,368	\$1,140	\$1,584	\$1,320	\$1,505	\$1,254
39	\$1,458	\$1,215	\$1,385	\$1,154	\$1,605	\$1,337	\$1,524	\$1,270
40	\$1,477	\$1,231	\$1,403	\$1,169	\$1,625	\$1,354	\$1,544	\$1,286
41	\$1,504	\$1,254	\$1,429	\$1,191	\$1,655	\$1,380	\$1,573	\$1,311
42	\$1,531	\$1,276	\$1,454	\$1,212	\$1,685	\$1,404	\$1,600	\$1,334
43	\$1,568	\$1,307	\$1,490	\$1,241	\$1,725	\$1,438	\$1,639	\$1,366
44	\$1,614	\$1,345	\$1,533	\$1,278	\$1,776	\$1,480	\$1,687	\$1,406
45	\$1,668	\$1,390	\$1,585	\$1,321	\$1,836	\$1,530	\$1,744	\$1,454
46	\$1,733	\$1,444	\$1,647	\$1,372	\$1,907	\$1,589	\$1,812	\$1,510
47	\$1,806	\$1,505	\$1,716	\$1,430	\$1,987	\$1,656	\$1,888	\$1,573
48	\$1,889	\$1,574	\$1,795	\$1,496	\$2,079	\$1,732	\$1,975	\$1,646
49	\$1,971	\$1,643	\$1,873	\$1,561	\$2,169	\$1,808	\$2,061	\$1,717
50	\$2,064	\$1,720	\$1,960	\$1,634	\$2,271	\$1,892	\$2,157	\$1,798
51	\$2,155	\$1,796	\$2,047	\$1,706	\$2,371	\$1,976	\$2,253	\$1,877
52	\$2,255	\$1,880	\$2,143	\$1,786	\$2,482	\$2,068	\$2,358	\$1,965
53	\$2,357	\$1,964	\$2,239	\$1,866	\$2,594	\$2,162	\$2,464	\$2,053
54	\$2,467	\$2,056	\$2,344	\$1,953	\$2,715	\$2,262	\$2,579	\$2,149
55	\$2,577	\$2,147	\$2,448	\$2,040	\$2,835	\$2,363	\$2,694	\$2,245
56	\$2,696	\$2,246	\$2,561	\$2,134	\$2,966	\$2,472	\$2,818	\$2,348
57	\$2,816	\$2,347	\$2,675	\$2,229	\$3,099	\$2,582	\$2,944	\$2,453
58	\$2,944	\$2,453	\$2,797	\$2,331	\$3,240	\$2,700	\$3,078	\$2,565
59	\$3,008	\$2,506	\$2,857	\$2,381	\$3,310	\$2,758	\$3,144	\$2,620
60	\$3,136	\$2,613	\$2,979	\$2,483	\$3,451	\$2,876	\$3,278	\$2,732
61	\$3,247	\$2,706	\$3,084	\$2,570	\$3,573	\$2,977	\$3,394	\$2,829
62	\$3,320	\$2,766	\$3,154	\$2,628	\$3,653	\$3,044	\$3,470	\$2,892
63	\$3,411	\$2,842	\$3,240	\$2,700	\$3,753	\$3,128	\$3,566	\$2,971
64	\$3,466	\$2,889	\$3,293	\$2,744	\$3,814	\$3,179	\$3,624	\$3,020
65+	\$3,466	\$2,889	\$3,293	\$2,744	\$3,814	\$3,179	\$3,624	\$3,020

Description of Discounts:

- A** You were enrolled in a prior medical benefit plan during the 63-day period prior to application to WSHIP with continuous enrollment for 18 months.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2017 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$1,500 Deductible**

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

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$670	\$559	\$637	\$531	\$670	\$559	\$637	\$531
21	\$1,056	\$880	\$1,003	\$836	\$1,164	\$970	\$1,105	\$921
22	\$1,056	\$880	\$1,003	\$836	\$1,164	\$970	\$1,105	\$921
23	\$1,056	\$880	\$1,003	\$836	\$1,164	\$970	\$1,105	\$921
24	\$1,056	\$880	\$1,003	\$836	\$1,164	\$970	\$1,105	\$921
25	\$1,060	\$883	\$1,007	\$839	\$1,168	\$974	\$1,110	\$925
26	\$1,081	\$901	\$1,027	\$856	\$1,191	\$993	\$1,132	\$943
27	\$1,107	\$922	\$1,051	\$876	\$1,219	\$1,016	\$1,158	\$965
28	\$1,148	\$956	\$1,090	\$909	\$1,265	\$1,054	\$1,202	\$1,001
29	\$1,182	\$985	\$1,122	\$935	\$1,302	\$1,085	\$1,237	\$1,031
30	\$1,198	\$999	\$1,139	\$949	\$1,321	\$1,101	\$1,255	\$1,046
31	\$1,224	\$1,020	\$1,163	\$969	\$1,349	\$1,124	\$1,281	\$1,068
32	\$1,249	\$1,041	\$1,187	\$989	\$1,376	\$1,147	\$1,308	\$1,090
33	\$1,265	\$1,054	\$1,202	\$1,001	\$1,394	\$1,162	\$1,324	\$1,104
34	\$1,282	\$1,068	\$1,218	\$1,015	\$1,413	\$1,177	\$1,342	\$1,118
35	\$1,290	\$1,075	\$1,226	\$1,021	\$1,422	\$1,185	\$1,351	\$1,126
36	\$1,299	\$1,082	\$1,234	\$1,028	\$1,431	\$1,193	\$1,360	\$1,133
37	\$1,307	\$1,089	\$1,242	\$1,035	\$1,440	\$1,200	\$1,368	\$1,140
38	\$1,316	\$1,096	\$1,250	\$1,042	\$1,450	\$1,208	\$1,377	\$1,148
39	\$1,333	\$1,110	\$1,266	\$1,055	\$1,468	\$1,224	\$1,395	\$1,162
40	\$1,349	\$1,125	\$1,282	\$1,068	\$1,487	\$1,239	\$1,413	\$1,177
41	\$1,375	\$1,146	\$1,306	\$1,088	\$1,515	\$1,262	\$1,439	\$1,199
42	\$1,399	\$1,166	\$1,329	\$1,108	\$1,542	\$1,285	\$1,465	\$1,221
43	\$1,433	\$1,194	\$1,361	\$1,134	\$1,579	\$1,316	\$1,500	\$1,250
44	\$1,475	\$1,229	\$1,401	\$1,168	\$1,626	\$1,355	\$1,544	\$1,287
45	\$1,525	\$1,271	\$1,448	\$1,207	\$1,680	\$1,400	\$1,596	\$1,330
46	\$1,584	\$1,320	\$1,505	\$1,254	\$1,745	\$1,454	\$1,658	\$1,382
47	\$1,650	\$1,375	\$1,568	\$1,307	\$1,819	\$1,516	\$1,728	\$1,440
48	\$1,726	\$1,439	\$1,640	\$1,367	\$1,902	\$1,585	\$1,807	\$1,506
49	\$1,801	\$1,501	\$1,711	\$1,426	\$1,985	\$1,654	\$1,886	\$1,571
50	\$1,886	\$1,572	\$1,792	\$1,493	\$2,078	\$1,732	\$1,974	\$1,645
51	\$1,969	\$1,641	\$1,871	\$1,559	\$2,170	\$1,808	\$2,062	\$1,718
52	\$2,061	\$1,718	\$1,958	\$1,632	\$2,271	\$1,893	\$2,158	\$1,798
53	\$2,154	\$1,795	\$2,046	\$1,705	\$2,374	\$1,978	\$2,255	\$1,879
54	\$2,254	\$1,879	\$2,142	\$1,785	\$2,484	\$2,070	\$2,360	\$1,967
55	\$2,355	\$1,962	\$2,237	\$1,864	\$2,595	\$2,162	\$2,465	\$2,054
56	\$2,463	\$2,053	\$2,340	\$1,950	\$2,715	\$2,262	\$2,579	\$2,149
57	\$2,573	\$2,144	\$2,445	\$2,037	\$2,836	\$2,363	\$2,694	\$2,245
58	\$2,690	\$2,242	\$2,556	\$2,130	\$2,965	\$2,471	\$2,817	\$2,347
59	\$2,749	\$2,290	\$2,611	\$2,176	\$3,029	\$2,524	\$2,877	\$2,398
60	\$2,866	\$2,388	\$2,722	\$2,269	\$3,158	\$2,632	\$3,000	\$2,500
61	\$2,967	\$2,473	\$2,819	\$2,349	\$3,270	\$2,725	\$3,106	\$2,588
62	\$3,034	\$2,528	\$2,882	\$2,402	\$3,343	\$2,786	\$3,176	\$2,646
63	\$3,117	\$2,598	\$2,961	\$2,468	\$3,435	\$2,862	\$3,263	\$2,719
64	\$3,168	\$2,640	\$3,009	\$2,508	\$3,491	\$2,909	\$3,316	\$2,763
65+	\$3,168	\$2,640	\$3,009	\$2,508	\$3,491	\$2,909	\$3,316	\$2,763

Description of Discounts:

- A** You were enrolled in a prior medical benefit plan during the 63-day period prior to application to WSHIP with continuous enrollment for 18 months.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2017 Monthly Premium Rates**

PREFERRED PROVIDER PLANS (PPO Plans)

**Area 5: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Franklin, Garfield,
Grant, Kittitas, Okanogan, Walla Walla, Whitman, Yakima Counties**

Age	<i>Non-Smoker Rates</i>					<i>Smoker Rates</i>				
	Deductible					Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000 HSA	\$500	\$1,000	\$2,500	\$5,000	\$3,000 HSA
0-20	\$633	\$583	\$311	\$252	\$280	\$633	\$583	\$311	\$252	\$280
21	\$996	\$919	\$490	\$397	\$441	\$1,100	\$1,014	\$541	\$437	\$487
22	\$996	\$919	\$490	\$397	\$441	\$1,100	\$1,014	\$541	\$437	\$487
23	\$996	\$919	\$490	\$397	\$441	\$1,100	\$1,014	\$541	\$437	\$487
24	\$996	\$919	\$490	\$397	\$441	\$1,100	\$1,014	\$541	\$437	\$487
25	\$1,000	\$923	\$492	\$398	\$443	\$1,104	\$1,018	\$543	\$439	\$489
26	\$1,020	\$941	\$502	\$406	\$452	\$1,126	\$1,039	\$554	\$448	\$498
27	\$1,044	\$963	\$514	\$416	\$462	\$1,153	\$1,063	\$567	\$458	\$510
28	\$1,083	\$999	\$533	\$431	\$479	\$1,195	\$1,102	\$588	\$475	\$529
29	\$1,115	\$1,028	\$549	\$444	\$494	\$1,231	\$1,135	\$605	\$489	\$545
30	\$1,131	\$1,043	\$557	\$450	\$501	\$1,248	\$1,151	\$614	\$496	\$552
31	\$1,155	\$1,065	\$568	\$460	\$511	\$1,275	\$1,175	\$627	\$507	\$564
32	\$1,179	\$1,087	\$580	\$469	\$522	\$1,301	\$1,200	\$640	\$517	\$576
33	\$1,194	\$1,101	\$587	\$475	\$528	\$1,318	\$1,215	\$648	\$524	\$583
34	\$1,210	\$1,115	\$595	\$481	\$535	\$1,335	\$1,231	\$657	\$531	\$591
35	\$1,218	\$1,123	\$599	\$485	\$539	\$1,344	\$1,239	\$661	\$534	\$595
36	\$1,226	\$1,130	\$603	\$488	\$543	\$1,353	\$1,247	\$665	\$538	\$599
37	\$1,234	\$1,138	\$607	\$491	\$546	\$1,362	\$1,256	\$670	\$541	\$603
38	\$1,242	\$1,145	\$611	\$494	\$550	\$1,370	\$1,264	\$674	\$545	\$606
39	\$1,257	\$1,160	\$619	\$500	\$557	\$1,388	\$1,280	\$683	\$552	\$614
40	\$1,273	\$1,174	\$627	\$507	\$564	\$1,406	\$1,296	\$691	\$559	\$622
41	\$1,297	\$1,196	\$638	\$516	\$574	\$1,432	\$1,320	\$704	\$569	\$634
42	\$1,320	\$1,217	\$650	\$525	\$584	\$1,457	\$1,344	\$717	\$579	\$645
43	\$1,352	\$1,247	\$665	\$538	\$599	\$1,492	\$1,376	\$734	\$593	\$661
44	\$1,392	\$1,284	\$685	\$554	\$616	\$1,536	\$1,417	\$756	\$611	\$680
45	\$1,439	\$1,327	\$708	\$573	\$637	\$1,588	\$1,464	\$781	\$631	\$703
46	\$1,495	\$1,378	\$736	\$595	\$662	\$1,650	\$1,521	\$812	\$656	\$730
47	\$1,557	\$1,436	\$766	\$620	\$689	\$1,719	\$1,585	\$846	\$683	\$761
48	\$1,629	\$1,502	\$802	\$648	\$721	\$1,798	\$1,658	\$885	\$715	\$796
49	\$1,700	\$1,568	\$837	\$676	\$752	\$1,876	\$1,730	\$923	\$746	\$830
50	\$1,780	\$1,641	\$876	\$708	\$788	\$1,964	\$1,811	\$966	\$781	\$869
51	\$1,858	\$1,714	\$915	\$740	\$823	\$2,051	\$1,891	\$1,009	\$816	\$908
52	\$1,945	\$1,794	\$957	\$774	\$861	\$2,147	\$1,980	\$1,056	\$854	\$950
53	\$2,033	\$1,874	\$1,000	\$809	\$900	\$2,244	\$2,069	\$1,104	\$892	\$993
54	\$2,127	\$1,962	\$1,047	\$847	\$942	\$2,348	\$2,165	\$1,155	\$934	\$1,039
55	\$2,222	\$2,049	\$1,094	\$884	\$984	\$2,452	\$2,262	\$1,206	\$975	\$1,085
56	\$2,325	\$2,144	\$1,144	\$925	\$1,029	\$2,566	\$2,366	\$1,262	\$1,020	\$1,136
57	\$2,428	\$2,239	\$1,195	\$966	\$1,075	\$2,680	\$2,472	\$1,318	\$1,066	\$1,186
58	\$2,539	\$2,341	\$1,249	\$1,010	\$1,124	\$2,802	\$2,584	\$1,379	\$1,114	\$1,240
59	\$2,594	\$2,392	\$1,276	\$1,032	\$1,148	\$2,863	\$2,640	\$1,408	\$1,138	\$1,267
60	\$2,704	\$2,494	\$1,331	\$1,076	\$1,197	\$2,985	\$2,752	\$1,468	\$1,187	\$1,321
61	\$2,800	\$2,582	\$1,378	\$1,114	\$1,239	\$3,090	\$2,850	\$1,520	\$1,229	\$1,368
62	\$2,863	\$2,640	\$1,409	\$1,139	\$1,267	\$3,160	\$2,914	\$1,554	\$1,256	\$1,398
63	\$2,941	\$2,712	\$1,448	\$1,171	\$1,302	\$3,247	\$2,994	\$1,597	\$1,291	\$1,437
64	\$2,989	\$2,757	\$1,471	\$1,190	\$1,323	\$3,299	\$3,042	\$1,623	\$1,312	\$1,460
65+	\$2,989	\$2,757	\$1,471	\$1,190	\$1,323	\$3,299	\$3,042	\$1,623	\$1,312	\$1,460

**Washington State Health Insurance Pool (WSHIP)
2017 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$500 Deductible**

**Area 5: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Franklin,
Garfield, Grant, Kittitas, Okanogan, Walla Walla, Whitman, Yakima**

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$863	\$719	\$820	\$683	\$863	\$719	\$820	\$683
21	\$1,359	\$1,132	\$1,291	\$1,076	\$1,500	\$1,250	\$1,425	\$1,187
22	\$1,359	\$1,132	\$1,291	\$1,076	\$1,500	\$1,250	\$1,425	\$1,187
23	\$1,359	\$1,132	\$1,291	\$1,076	\$1,500	\$1,250	\$1,425	\$1,187
24	\$1,359	\$1,132	\$1,291	\$1,076	\$1,500	\$1,250	\$1,425	\$1,187
25	\$1,364	\$1,137	\$1,296	\$1,080	\$1,506	\$1,255	\$1,430	\$1,192
26	\$1,391	\$1,159	\$1,322	\$1,101	\$1,536	\$1,280	\$1,459	\$1,216
27	\$1,424	\$1,187	\$1,353	\$1,127	\$1,572	\$1,310	\$1,493	\$1,244
28	\$1,477	\$1,231	\$1,403	\$1,169	\$1,630	\$1,358	\$1,549	\$1,291
29	\$1,520	\$1,267	\$1,444	\$1,204	\$1,678	\$1,398	\$1,594	\$1,329
30	\$1,542	\$1,285	\$1,465	\$1,221	\$1,702	\$1,418	\$1,617	\$1,348
31	\$1,575	\$1,312	\$1,496	\$1,247	\$1,738	\$1,448	\$1,651	\$1,376
32	\$1,607	\$1,340	\$1,527	\$1,273	\$1,774	\$1,478	\$1,685	\$1,405
33	\$1,628	\$1,356	\$1,546	\$1,289	\$1,797	\$1,497	\$1,707	\$1,422
34	\$1,650	\$1,375	\$1,567	\$1,306	\$1,821	\$1,517	\$1,730	\$1,441
35	\$1,660	\$1,384	\$1,577	\$1,314	\$1,833	\$1,527	\$1,741	\$1,451
36	\$1,671	\$1,393	\$1,588	\$1,323	\$1,845	\$1,537	\$1,752	\$1,460
37	\$1,682	\$1,402	\$1,598	\$1,332	\$1,857	\$1,547	\$1,764	\$1,470
38	\$1,693	\$1,411	\$1,608	\$1,340	\$1,869	\$1,557	\$1,775	\$1,479
39	\$1,715	\$1,429	\$1,629	\$1,358	\$1,893	\$1,577	\$1,798	\$1,498
40	\$1,736	\$1,447	\$1,650	\$1,375	\$1,917	\$1,597	\$1,821	\$1,517
41	\$1,769	\$1,474	\$1,681	\$1,401	\$1,953	\$1,627	\$1,855	\$1,546
42	\$1,800	\$1,500	\$1,710	\$1,425	\$1,987	\$1,656	\$1,888	\$1,573
43	\$1,844	\$1,537	\$1,752	\$1,460	\$2,035	\$1,696	\$1,933	\$1,611
44	\$1,898	\$1,582	\$1,803	\$1,503	\$2,095	\$1,746	\$1,990	\$1,659
45	\$1,962	\$1,635	\$1,864	\$1,553	\$2,166	\$1,805	\$2,057	\$1,714
46	\$2,038	\$1,698	\$1,936	\$1,614	\$2,250	\$1,875	\$2,137	\$1,781
47	\$2,124	\$1,770	\$2,018	\$1,681	\$2,344	\$1,953	\$2,227	\$1,856
48	\$2,222	\$1,851	\$2,110	\$1,759	\$2,452	\$2,043	\$2,329	\$1,941
49	\$2,318	\$1,932	\$2,202	\$1,835	\$2,558	\$2,132	\$2,431	\$2,025
50	\$2,427	\$2,022	\$2,305	\$1,921	\$2,678	\$2,232	\$2,545	\$2,120
51	\$2,534	\$2,112	\$2,407	\$2,006	\$2,797	\$2,331	\$2,657	\$2,214
52	\$2,652	\$2,210	\$2,520	\$2,100	\$2,927	\$2,439	\$2,781	\$2,318
53	\$2,772	\$2,310	\$2,633	\$2,194	\$3,059	\$2,549	\$2,906	\$2,422
54	\$2,901	\$2,417	\$2,756	\$2,297	\$3,202	\$2,668	\$3,042	\$2,535
55	\$3,030	\$2,525	\$2,879	\$2,399	\$3,344	\$2,787	\$3,177	\$2,648
56	\$3,170	\$2,642	\$3,011	\$2,510	\$3,499	\$2,916	\$3,324	\$2,770
57	\$3,311	\$2,759	\$3,146	\$2,621	\$3,655	\$3,046	\$3,472	\$2,893
58	\$3,462	\$2,885	\$3,289	\$2,741	\$3,821	\$3,184	\$3,630	\$3,025
59	\$3,537	\$2,947	\$3,360	\$2,800	\$3,904	\$3,253	\$3,709	\$3,090
60	\$3,688	\$3,073	\$3,503	\$2,919	\$4,070	\$3,392	\$3,867	\$3,222
61	\$3,818	\$3,182	\$3,627	\$3,023	\$4,214	\$3,512	\$4,003	\$3,336
62	\$3,904	\$3,253	\$3,709	\$3,090	\$4,309	\$3,591	\$4,093	\$3,411
63	\$4,011	\$3,343	\$3,810	\$3,175	\$4,427	\$3,689	\$4,206	\$3,505
64	\$4,076	\$3,397	\$3,872	\$3,227	\$4,499	\$3,749	\$4,274	\$3,562
65+	\$4,076	\$3,397	\$3,872	\$3,227	\$4,499	\$3,749	\$4,274	\$3,562

Description of Discounts:

- A** You were enrolled in a prior medical benefit plan during the 63-day period prior to application to WSHIP with continuous enrollment for 18 months.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
- C** You have been enrolled in WSHIP for 36 months or more AND had 18 months of continuous enrollment in a prior medical benefit plan.

**Washington State Health Insurance Pool (WSHIP)
2017 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$1,000 Deductible**

**Area 5: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Franklin,
Garfield, Grant, Kittitas, Okanogan, Walla Walla, Whitman, Yakima**

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$796	\$663	\$756	\$630	\$796	\$663	\$756	\$630
21	\$1,253	\$1,044	\$1,190	\$992	\$1,383	\$1,152	\$1,314	\$1,095
22	\$1,253	\$1,044	\$1,190	\$992	\$1,383	\$1,152	\$1,314	\$1,095
23	\$1,253	\$1,044	\$1,190	\$992	\$1,383	\$1,152	\$1,314	\$1,095
24	\$1,253	\$1,044	\$1,190	\$992	\$1,383	\$1,152	\$1,314	\$1,095
25	\$1,258	\$1,048	\$1,195	\$996	\$1,388	\$1,157	\$1,319	\$1,099
26	\$1,283	\$1,069	\$1,219	\$1,016	\$1,416	\$1,180	\$1,345	\$1,121
27	\$1,313	\$1,094	\$1,247	\$1,040	\$1,449	\$1,208	\$1,377	\$1,147
28	\$1,362	\$1,135	\$1,294	\$1,078	\$1,503	\$1,253	\$1,428	\$1,190
29	\$1,402	\$1,168	\$1,332	\$1,110	\$1,548	\$1,290	\$1,470	\$1,225
30	\$1,422	\$1,185	\$1,351	\$1,126	\$1,570	\$1,308	\$1,491	\$1,243
31	\$1,452	\$1,210	\$1,380	\$1,150	\$1,603	\$1,336	\$1,523	\$1,269
32	\$1,482	\$1,235	\$1,408	\$1,173	\$1,636	\$1,363	\$1,554	\$1,295
33	\$1,501	\$1,251	\$1,426	\$1,188	\$1,657	\$1,381	\$1,574	\$1,312
34	\$1,521	\$1,268	\$1,445	\$1,204	\$1,679	\$1,399	\$1,595	\$1,329
35	\$1,531	\$1,276	\$1,455	\$1,212	\$1,690	\$1,408	\$1,605	\$1,338
36	\$1,541	\$1,284	\$1,464	\$1,220	\$1,701	\$1,418	\$1,616	\$1,347
37	\$1,551	\$1,293	\$1,474	\$1,228	\$1,712	\$1,427	\$1,626	\$1,355
38	\$1,561	\$1,301	\$1,483	\$1,236	\$1,723	\$1,436	\$1,637	\$1,364
39	\$1,581	\$1,318	\$1,502	\$1,252	\$1,745	\$1,454	\$1,658	\$1,382
40	\$1,601	\$1,334	\$1,521	\$1,268	\$1,767	\$1,473	\$1,679	\$1,399
41	\$1,631	\$1,359	\$1,550	\$1,292	\$1,801	\$1,501	\$1,711	\$1,425
42	\$1,660	\$1,384	\$1,577	\$1,314	\$1,832	\$1,527	\$1,741	\$1,451
43	\$1,700	\$1,417	\$1,615	\$1,346	\$1,877	\$1,564	\$1,783	\$1,486
44	\$1,750	\$1,459	\$1,663	\$1,386	\$1,932	\$1,610	\$1,835	\$1,529
45	\$1,809	\$1,508	\$1,719	\$1,432	\$1,997	\$1,664	\$1,897	\$1,581
46	\$1,879	\$1,566	\$1,786	\$1,488	\$2,074	\$1,729	\$1,971	\$1,642
47	\$1,958	\$1,632	\$1,861	\$1,550	\$2,162	\$1,801	\$2,053	\$1,711
48	\$2,049	\$1,707	\$1,946	\$1,622	\$2,261	\$1,884	\$2,148	\$1,790
49	\$2,138	\$1,781	\$2,031	\$1,692	\$2,359	\$1,966	\$2,241	\$1,868
50	\$2,238	\$1,865	\$2,126	\$1,772	\$2,470	\$2,058	\$2,346	\$1,955
51	\$2,337	\$1,947	\$2,220	\$1,850	\$2,579	\$2,149	\$2,450	\$2,042
52	\$2,446	\$2,038	\$2,324	\$1,936	\$2,700	\$2,250	\$2,565	\$2,137
53	\$2,556	\$2,130	\$2,428	\$2,024	\$2,821	\$2,351	\$2,680	\$2,233
54	\$2,675	\$2,229	\$2,541	\$2,118	\$2,953	\$2,461	\$2,805	\$2,337
55	\$2,794	\$2,328	\$2,654	\$2,212	\$3,084	\$2,570	\$2,930	\$2,441
56	\$2,923	\$2,436	\$2,777	\$2,314	\$3,226	\$2,689	\$3,065	\$2,554
57	\$3,054	\$2,545	\$2,901	\$2,417	\$3,370	\$2,809	\$3,202	\$2,668
58	\$3,193	\$2,661	\$3,033	\$2,527	\$3,524	\$2,936	\$3,348	\$2,790
59	\$3,262	\$2,718	\$3,098	\$2,582	\$3,600	\$3,000	\$3,420	\$2,850
60	\$3,401	\$2,834	\$3,231	\$2,692	\$3,753	\$3,128	\$3,566	\$2,971
61	\$3,521	\$2,934	\$3,345	\$2,787	\$3,886	\$3,238	\$3,692	\$3,076
62	\$3,600	\$3,000	\$3,420	\$2,850	\$3,973	\$3,311	\$3,775	\$3,145
63	\$3,699	\$3,082	\$3,514	\$2,928	\$4,082	\$3,402	\$3,878	\$3,232
64	\$3,759	\$3,132	\$3,571	\$2,976	\$4,149	\$3,457	\$3,941	\$3,285
65+	\$3,759	\$3,132	\$3,571	\$2,976	\$4,149	\$3,457	\$3,941	\$3,285

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- A** You were enrolled in a prior medical benefit plan during the 63-day period prior to application to WSHIP with continuous enrollment for 18 months.
- B** You have been enrolled in WSHIP continuously for 36 months or more.
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**Washington State Health Insurance Pool (WSHIP)
2017 Monthly Premium Rates**

**STANDARD PLAN (Non-PPO)
\$1,500 Deductible**

**Area 5: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Franklin,
Garfield, Grant, Kittitas, Okanogan, Walla Walla, Whitman, Yakima**

Age	Non-Smoker Rates				Smoker Rates			
	Full Premium	Discounted			Full Premium	Discounted		
		A	B	C		A	B	C
0-20	\$716	\$597	\$680	\$567	\$716	\$597	\$680	\$567
21	\$1,127	\$939	\$1,071	\$892	\$1,244	\$1,037	\$1,182	\$985
22	\$1,127	\$939	\$1,071	\$892	\$1,244	\$1,037	\$1,182	\$985
23	\$1,127	\$939	\$1,071	\$892	\$1,244	\$1,037	\$1,182	\$985
24	\$1,127	\$939	\$1,071	\$892	\$1,244	\$1,037	\$1,182	\$985
25	\$1,132	\$943	\$1,075	\$896	\$1,249	\$1,041	\$1,187	\$989
26	\$1,154	\$962	\$1,097	\$914	\$1,274	\$1,062	\$1,210	\$1,009
27	\$1,181	\$985	\$1,122	\$935	\$1,304	\$1,087	\$1,239	\$1,032
28	\$1,225	\$1,021	\$1,164	\$970	\$1,353	\$1,127	\$1,285	\$1,071
29	\$1,261	\$1,051	\$1,198	\$999	\$1,392	\$1,160	\$1,323	\$1,102
30	\$1,280	\$1,066	\$1,216	\$1,013	\$1,412	\$1,177	\$1,342	\$1,118
31	\$1,307	\$1,089	\$1,241	\$1,034	\$1,442	\$1,202	\$1,370	\$1,142
32	\$1,334	\$1,111	\$1,267	\$1,056	\$1,472	\$1,227	\$1,398	\$1,165
33	\$1,351	\$1,125	\$1,283	\$1,069	\$1,491	\$1,242	\$1,416	\$1,180
34	\$1,369	\$1,140	\$1,300	\$1,083	\$1,511	\$1,259	\$1,435	\$1,196
35	\$1,378	\$1,148	\$1,309	\$1,091	\$1,520	\$1,267	\$1,444	\$1,204
36	\$1,387	\$1,156	\$1,317	\$1,098	\$1,530	\$1,275	\$1,454	\$1,212
37	\$1,396	\$1,163	\$1,326	\$1,105	\$1,540	\$1,284	\$1,463	\$1,219
38	\$1,405	\$1,171	\$1,334	\$1,112	\$1,550	\$1,292	\$1,473	\$1,227
39	\$1,423	\$1,186	\$1,352	\$1,126	\$1,570	\$1,309	\$1,492	\$1,243
40	\$1,441	\$1,201	\$1,369	\$1,141	\$1,590	\$1,325	\$1,511	\$1,259
41	\$1,468	\$1,223	\$1,394	\$1,162	\$1,620	\$1,350	\$1,539	\$1,283
42	\$1,494	\$1,245	\$1,419	\$1,183	\$1,649	\$1,374	\$1,566	\$1,305
43	\$1,530	\$1,275	\$1,453	\$1,211	\$1,688	\$1,407	\$1,604	\$1,337
44	\$1,575	\$1,312	\$1,496	\$1,247	\$1,738	\$1,449	\$1,651	\$1,376
45	\$1,628	\$1,357	\$1,546	\$1,289	\$1,797	\$1,497	\$1,707	\$1,422
46	\$1,691	\$1,409	\$1,606	\$1,339	\$1,866	\$1,555	\$1,773	\$1,478
47	\$1,762	\$1,468	\$1,674	\$1,395	\$1,945	\$1,621	\$1,848	\$1,540
48	\$1,843	\$1,536	\$1,751	\$1,459	\$2,034	\$1,695	\$1,933	\$1,611
49	\$1,923	\$1,603	\$1,827	\$1,523	\$2,123	\$1,769	\$2,017	\$1,680
50	\$2,013	\$1,678	\$1,913	\$1,594	\$2,222	\$1,852	\$2,111	\$1,759
51	\$2,102	\$1,752	\$1,997	\$1,664	\$2,321	\$1,934	\$2,205	\$1,837
52	\$2,201	\$1,834	\$2,091	\$1,742	\$2,429	\$2,024	\$2,307	\$1,923
53	\$2,300	\$1,916	\$2,185	\$1,821	\$2,538	\$2,115	\$2,411	\$2,009
54	\$2,407	\$2,006	\$2,286	\$1,905	\$2,656	\$2,214	\$2,524	\$2,103
55	\$2,514	\$2,095	\$2,388	\$1,990	\$2,775	\$2,312	\$2,636	\$2,197
56	\$2,630	\$2,192	\$2,499	\$2,082	\$2,903	\$2,419	\$2,758	\$2,298
57	\$2,747	\$2,289	\$2,610	\$2,175	\$3,032	\$2,527	\$2,881	\$2,401
58	\$2,872	\$2,394	\$2,729	\$2,274	\$3,170	\$2,642	\$3,012	\$2,510
59	\$2,934	\$2,445	\$2,788	\$2,323	\$3,239	\$2,699	\$3,077	\$2,564
60	\$3,060	\$2,550	\$2,907	\$2,422	\$3,377	\$2,814	\$3,208	\$2,673
61	\$3,168	\$2,640	\$3,009	\$2,508	\$3,496	\$2,914	\$3,322	\$2,768
62	\$3,239	\$2,699	\$3,077	\$2,564	\$3,575	\$2,979	\$3,396	\$2,830
63	\$3,328	\$2,773	\$3,161	\$2,635	\$3,673	\$3,061	\$3,489	\$2,908
64	\$3,382	\$2,818	\$3,213	\$2,677	\$3,733	\$3,111	\$3,546	\$2,955
65+	\$3,382	\$2,818	\$3,213	\$2,677	\$3,733	\$3,111	\$3,546	\$2,955

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