

Grandfathered Plans Monthly Rate Sheet

LifeWise Health Plan of Washington | Effective January 1, 2017



Please find your plan listed below with your new rate.

Deductible	WiseChoices™ 0/20		WiseChoices 0/30		WiseChoices 20		WiseChoices 30		WiseChoices Prime™		WiseChoices Prime	
					\$1,000		\$1,500		\$1,500		\$3,000	
AGE	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
<25	\$435	\$510	\$400	\$465	\$379	\$439	\$318	\$375	\$318	\$371	\$269	\$314
25-29	\$493	\$574	\$447	\$522	\$425	\$494	\$363	\$420	\$360	\$420	\$306	\$353
30-34	\$572	\$663	\$519	\$607	\$494	\$574	\$416	\$486	\$416	\$484	\$351	\$407
35-39	\$681	\$789	\$621	\$720	\$587	\$683	\$498	\$580	\$498	\$579	\$421	\$488
40-44	\$807	\$938	\$735	\$851	\$695	\$813	\$592	\$690	\$582	\$682	\$493	\$576
45-49	\$1,009	\$1,171	\$915	\$1,064	\$870	\$1,010	\$736	\$857	\$734	\$848	\$621	\$714
50-54	\$1,235	\$1,433	\$1,123	\$1,304	\$1,064	\$1,238	\$902	\$1,054	\$899	\$1,043	\$760	\$882
55-59	\$1,442	\$1,674	\$1,307	\$1,520	\$1,239	\$1,444	\$1,055	\$1,226	\$1,043	\$1,211	\$882	\$1,023
60-64	\$1,629	\$1,909	\$1,494	\$1,736	\$1,417	\$1,643	\$1,189	\$1,398	\$1,188	\$1,388	\$1,002	\$1,174
65+	\$1,629	\$1,909	\$1,494	\$1,736	\$1,417	\$1,643	\$1,189	\$1,398	\$1,188	\$1,388	\$1,002	\$1,174
Per child*	\$365		\$330		\$314		\$268		\$268		\$225	

Deductible	WiseEssentials 25™		WiseEssentials 25		WiseEssentials 25		WiseEssentials Copay™		WiseEssentials Copay	
	\$2,270		\$2,500		\$3,500		\$5,000		\$7,500	
AGE	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
<25	\$184	\$212	\$166	\$193	\$148	\$174	\$136	\$159	\$111	\$130
25-29	\$207	\$240	\$181	\$215	\$171	\$196	\$152	\$178	\$127	\$146
30-34	\$240	\$276	\$215	\$250	\$193	\$225	\$177	\$208	\$145	\$172
35-39	\$288	\$334	\$256	\$298	\$231	\$270	\$213	\$247	\$174	\$204
40-44	\$338	\$394	\$305	\$352	\$272	\$319	\$248	\$293	\$205	\$242
45-49	\$424	\$494	\$383	\$440	\$343	\$396	\$316	\$362	\$257	\$295
50-54	\$519	\$604	\$464	\$541	\$420	\$488	\$384	\$447	\$313	\$365
55-59	\$604	\$702	\$541	\$628	\$488	\$566	\$447	\$522	\$365	\$425
60-64	\$689	\$793	\$615	\$720	\$551	\$649	\$507	\$595	\$413	\$486
65+	\$689	\$793	\$615	\$720	\$551	\$649	\$507	\$595	\$413	\$486
Per child*	\$154		\$139		\$126		\$113		\$94	

NOTES:

For children covered on their own policy, please use the "25 & under" rate.

To qualify for non-smoker rate, an individual must not have used any tobacco product during the past 12 months.

Eligible family members include you, your spouse, and unmarried children age 25 and under who are partially or totally dependent on you for support.

Deductible	WiseSimplicity™		WiseSavings 20™ (Ind.)		WiseSavings 20 (Family)		WiseSavings 20 (Ind.)		WiseSavings 20 (Family)	
	\$10,000		\$2,270		\$4,540		\$3,000		\$6,000	
AGE	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
<25	\$99	\$113	\$209	\$244	\$154	\$180	\$174	\$205	\$134	\$155
25-29	\$109	\$127	\$238	\$274	\$174	\$205	\$196	\$229	\$148	\$174
30-34	\$127	\$147	\$271	\$315	\$201	\$235	\$229	\$268	\$174	\$204
35-39	\$152	\$177	\$325	\$377	\$242	\$280	\$275	\$316	\$206	\$242
40-44	\$178	\$210	\$384	\$448	\$282	\$330	\$324	\$378	\$244	\$288
45-49	\$224	\$260	\$480	\$555	\$356	\$409	\$402	\$471	\$308	\$353
50-54	\$276	\$319	\$586	\$685	\$435	\$507	\$493	\$574	\$378	\$440
55-59	\$319	\$372	\$685	\$794	\$507	\$586	\$579	\$670	\$440	\$509
60-64	\$363	\$421	\$779	\$911	\$574	\$674	\$649	\$766	\$497	\$581
65+	\$363	\$421	\$779	\$911	\$574	\$674	\$649	\$766	\$497	\$581
Per child*	\$81		N/A		\$131		N/A		\$111	

*Applies to dependent children applying on the same plan as a parent or legal guardian.

LifeWise Health Plan of Washington complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Español (Spanish): Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de LifeWise Health Plan of Washington. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-592-6804 (TTY: 800-842-5357).

中文 (Chinese): 本通知有重要的訊息。本通知可能有關於您透過 LifeWise Health Plan of Washington 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-592-6804 (TTY: 800-842-5357)。