Cascade Gold Complete and Gold Vital Plans

LifeWise
Health Plan of Washington

Monthly rates for individuals and families

Start date: **Jan. 1, 2027**

Area 9

These rates apply if you live in any of the following counties: **Asotin, Columbia, Garfield, Walla Walla, Whitman**

If you are eligible for a subsidy, rates will be adjusted.

Determine your monthly rate

Step 1: **Choose a plan and a deductible amount from the chart.** The chart shows the deductible for an individual. The deductible for a family is 2 times the individual deductible. A deductible is the amount you pay each year before the health plan starts to pay for certain services. Copayments do not count toward meeting your deductible.

Step 2: **Find your age and circle the rate that applies to your use or non-use of tobacco.** Tobacco use means use of any tobacco product on average 4 or more times per week within the past 6 months. Tobacco use does not include religious or ceremonial use. E-cigarettes are not considered tobacco.

Step 3: **Repeat step 2 for each eligible family member you wish to add to your health care plan.** Eligible family members include you, your spouse or domestic partner, and your legal dependents and children under age 26. Monthly rates are charged for all dependents and children age 21 and older and for the first 3 oldest dependents and children under age 21. Additional dependents and children age 20 and younger are not charged.

Step 4: **Add up the circled amounts.** The total will be the dollar amount of your monthly health plan bill.

You	$
+ Spouse/Domestic partner	$
+ Dependent	$
+ Dependent	$
+ Dependent	$
Total monthly rate	$

	Gold Complete		Gold Vital	
Deductible	$1,700		$2,200	
AGE	Non-tobacco	Tobacco	Non-tobacco	Tobacco
0-14	553.21	553.21	520.60	520.60
15	602.38	602.38	566.87	566.87
16	621.18	621.18	584.57	584.57
17	639.99	639.99	602.26	602.26
18	660.23	660.23	621.31	621.31
19	680.48	680.48	640.37	640.37
20	701.45	701.45	660.10	660.10
21	723.15	723.15	680.52	680.52
22	723.15	723.15	680.52	680.52
23	723.15	723.15	680.52	680.52
24	723.15	723.15	680.52	680.52
25	726.04	726.04	683.24	683.24
26	740.50	740.50	696.85	696.85
27	757.86	757.86	713.18	713.18
28	786.06	786.06	739.72	739.72
29	809.20	809.20	761.50	761.50
30	820.77	820.77	772.39	772.39
31	838.13	838.13	788.72	788.72
32	855.48	855.48	805.05	805.05
33	866.33	866.33	815.26	815.26
34	877.90	877.90	826.15	826.15
35	883.69	883.69	831.60	831.60
36	889.47	889.47	837.04	837.04
37	895.26	895.26	842.48	842.48
38	901.04	901.04	847.93	847.93
39	912.61	912.61	858.82	858.82
40	924.18	924.18	869.70	869.70
41	941.54	941.54	886.04	886.04
42	958.17	958.17	901.69	901.69
43	981.31	981.31	923.47	923.47
44	1010.24	1010.24	950.69	950.69
45	1044.22	1044.22	982.67	982.67
46	1084.72	1084.72	1020.78	1020.78
47	1130.28	1130.28	1063.65	1063.65
48	1182.35	1182.35	1112.65	1112.65
49	1233.69	1233.69	1160.97	1160.97
50	1291.54	1291.54	1215.41	1215.41
51	1348.67	1348.67	1269.17	1269.17
52	1411.58	1411.58	1328.37	1328.37
53	1475.22	1475.22	1388.26	1388.26
54	1543.92	1543.92	1452.91	1452.91
55	1612.62	1612.62	1517.56	1517.56
56	1687.10	1687.10	1587.65	1587.65
57	1762.31	1762.31	1658.43	1658.43
58	1842.58	1842.58	1733.96	1733.96
59	1882.35	1882.35	1771.39	1771.39
60	1962.62	1962.62	1846.93	1846.93
61	2032.04	2032.04	1912.26	1912.26
62	2077.60	2077.60	1955.13	1955.13
63	2134.73	2134.73	2008.89	2008.89
64+	2169.44	2169.44	2041.56	2041.56

We want to make it simple and easy for you to understand your health plan.

Important notes

- Individual health plans are available to permanent Washington residents who are not enrolled in Medicare Part A or Part B.
- Rates are based on your current age. When your age changes during the year, your rate will not change until the next time you enroll in a health plan.
- The deductible amount listed for each rate category is the individual deductible. The family deductible is 2 times the individual deductible.

Contact us

For enrollment information or if you have questions about LifeWise Health Plan of Washington:

- Visit **lifewise.com**
- Call **844-961-9845.**
- Talk to a **producer**, a licensed professional also known as an agent.

Notice of availability and nondiscrimination **800-592-6804 | TTY: 711**

Call for free language assistance services and appropriate auxiliary aids and services.
Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.
呼吁提供免费的语言援助服务和适当的辅助设备及服务。
呼籲提供免費的語言援助服務和適當的輔助設備及服務。
Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.
무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.
Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.
Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.
Звертайтесь за безкоштовною мовною підтримкою та відповідними додатковими послугами.
សូមហៅទូរសព្ទទៅសេវាជំនួយភាសាដោយឥតគិតថ្លៃ ព្រមទាំងសេវាកម្ម និងជំនួយចាំបាច់ដែលសមរម្យផ្សេងៗ។
無料言語支援サービスと適切な補助器具及びサービスをお求めください。
ለነፃ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ድጋፍ ሰጪ አጋዥ መሳሪያዎችን እና አገልግሎቶችን ለማግኘት በስልክ ቁጥር
Tajaajiloota deeggarsa afaan bilisaa fi gargaarsaa fi tajaajiloota barbaachisaa ta'an argachuuf bilbilaa.
મુફત ભાષા સહાયિતા સેવાઓ અને ઉચિત સહાયિક ચીજો અને સેવાઓ વાસતે કાલ કરો।
Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.
ໃຫ້ເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.
Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.
Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.
Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.
Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.
Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.
اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.
برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

Discrimination is against the law. LifeWise Health Plan of Washington (LifeWise) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. LifeWise does not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. LifeWise provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). LifeWise provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator. If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-6396, TTY: 711, Fax: 425-918-5592, Email AppealsDepartmentInquiries@LifeWiseHealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx.

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