

What health plans are available to me, and what are the premiums?

These tables on the next few pages will help you find which health plans are available in your county and allow you to estimate your monthly Basic Health premium in three easy steps.

1. Find your income band and circle it on Step 1.
2. Find the health plans(s) in your county on Step 2.
3. Estimate your monthly premium on Step 3.

Step 1: Income Table									
Number of People in Your Family									
Gross Monthly Income (before deductions)	1	2	3	4	5	6	7	Your Income Band	
	\$0 - \$586.62	\$0 - \$789.20	\$0 - \$991.79	\$0 - \$1,194.37	\$0 - \$1,396.95	\$0 - \$1,599.54	\$0 - \$1,802.12		A
	586.63 - 902.49	789.21 - 1,214.16	991.80 - 1,525.83	1,194.38 - 1,837.49	1,396.96 - 2,149.16	1,599.55 - 2,460.83	1,802.13 - 2,772.49		B
	902.50 - 1,128.12	1,214.17 - 1,517.70	1,525.84 - 1,907.29	1,837.50 - 2,296.87	2,149.17 - 2,686.45	2,460.84 - 3,076.04	2,772.50 - 3,465.62		C
	1,128.13 - 1,263.49	1,517.71 - 1,699.83	1,907.30 - 2,136.16	2,296.88 - 2,572.49	2,686.46 - 3,008.83	3,076.05 - 3,445.16	3,465.63 - 3,881.49		D
	1,263.50 - 1,398.87	1,699.84 - 1,881.95	2,136.17 - 2,365.04	2,572.50 - 2,848.12	3,008.84 - 3,331.20	3,445.17 - 3,814.29	3,881.50 - 4,297.37		E
	1,398.88 - 1,534.24	1,881.96 - 2,064.08	2,365.05 - 2,593.91	2,848.13 - 3,123.74	3,331.21 - 3,653.58	3,814.30 - 4,183.41	4,297.38 - 4,713.24		F
	1,534.25 - 1,669.62	2,064.09 - 2,246.20	2,593.92 - 2,882.79	3,123.75 - 3,399.37	3,683.59 - 3,975.95	4,183.42 - 4,552.54	4,713.25 - 5,129.12		G
	1,669.63 - 1,805.09	2,246.21 - 2,428.45	2,882.80 - 3,051.81	3,399.38 - 3,675.18	3,975.96 - 4,298.54	4,552.55 - 4,921.91	5,129.13 - 5,545.27		H

Income bands effective July 1, 2009 – June 30, 2010

Step 2: Health Plans Available by County

Adams

- Community Health Plan
- Molina Healthcare

Asotin

- Community Health Plan
- Molina Healthcare

Benton

- Community Health Plan
- Molina Healthcare

Chelan

- Community Health Plan
- Molina Healthcare

Clallam

- Molina Healthcare

Clark

- Columbia United Providers
- Community Health Plan
- Kaiser Permanente

Columbia

- Community Health Plan
- Molina Healthcare

Cowlitz

- Community Health Plan
- Kaiser Permanente

Douglas

- Community Health Plan
- Molina Healthcare

Ferry

- Community Health Plan
- Molina Healthcare

Franklin

- Community Health Plan
- Molina Healthcare

Garfield

- Molina Healthcare

Grant

- Community Health Plan
- Molina Healthcare

Grays Harbor

- Community Health Plan
- Molina Healthcare

Island

- Community Health Plan

Jefferson

- Community Health Plan

King

- Community Health Plan
- Group Health Cooperative

Kitsap

- Community Health Plan
- Group Health Cooperative

Kittitas

- Community Health Plan
- Molina Healthcare

Klickitat

- Community Health Plan

Lewis

- Community Health Plan
- Molina Healthcare

Lincoln

- Community Health Plan
- Molina Healthcare

Mason

- Community Health Plan

Okanogan

- Community Health Plan
- Molina Healthcare

Pacific

- Community Health Plan
- Molina Healthcare

Pend Oreille

- Community Health Plan
- Molina Healthcare

Pierce

- Community Health Plan
- Molina Healthcare

San Juan

- Community Health Plan

Skagit

- Community Health Plan

Skamania

- Community Health Plan

Snohomish

- Community Health Plan
- Group Health Cooperative

Spokane

- Community Health Plan
- Group Health Cooperative
- Molina Healthcare

Stevens

- Community Health Plan
- Molina Healthcare

Thurston

- Community Health Plan
- Group Health Cooperative
- Molina Healthcare

Wahkiakum

- Community Health Plan

Walla Walla

- Community Health Plan
- Molina Healthcare

Whatcom

- Community Health Plan
- Molina Healthcare

Whitman

- Community Health Plan
- Molina Healthcare

Yakima

- Community Health Plan
- Molina Healthcare

Health plan information in this document is believed to be accurate and current, but be sure to confirm with the health plan of your choice before making decisions.

Health Plan	Customer Service Hours	Customer Service Phone Numbers	Website Address
Columbia United Providers, Inc.	Monday – Friday, 8 am – 5 pm	1-800-315-7862 or 360-891-1520 TDD: 1-866-287-9962	www.cuphealth.com
Community Health Plan of Washington	Monday – Friday, 8 am – 6 pm	1-800-440-1561 TTY/TDD: 1-866-816-2479	www.chpw.org
Group Health Cooperative	Monday – Friday, 8 am – 5 pm	1-888-901-4636 TTY: 1-800-833-6388	www.ghc.org
Kaiser Foundation Health Plan of the Northwest	Monday – Friday, 8 am – 6 pm	1-800-831-2000 TTY: 1-800-735-2900	www.kaiserpermanente.org
Molina Healthcare of Washington, Inc	Monday – Friday, 7:30 am – 5:30 pm	1-800-869-7165 TTY: 1-877-665-4629	www.molinahealthcare.com

Step 3: Health Plans & Premiums Table

(Premiums shown are per person per month)

Health Plan		Columbia United Providers	Community Health Plan of Washington		Group Health Cooperative	Kaiser Permanente		Molina Health Care	
County You Live In		Clark	Adams Asotin Benton Chelan Clark Columbia Cowlitz Douglas Ferry Franklin Grant Grays Harbor Island Jefferson King Kitsap Kittitas Klickitat Lewis	Lincoln Mason Okanogan Pacific Pend Oreille Pierce San Juan Skagit Skamania Snohomish Spokane Stevens Thurston Wahkiakum Walla Walla Whatcom Whitman Yakima	King Kitsap Snohomish Spokane Thurston	Clark	Cowlitz	Adams Asotin Benton Chelan Clallam Columbia Douglas Ferry Franklin Garfield Grant Grays Harbor Kittitas	Lewis Lincoln Okanogan Pacific Pend Oreille Pierce Spokane Stevens Thurston Walla Walla Whatcom Whitman Yakima
Your Income Band (from pg. 5)	Age								
A	0 - 18*	\$0 - 34.00	\$0 - 34.00	\$0 - 34.00	\$0 - 34.00	\$0 - 34.00	\$0 - 44.80	\$0 - 34.00	
	19 - 39†	34.00	34.00	34.00	34.00	34.00	57.40	34.00	
	40 - 54	34.00	34.00	34.00	34.00	34.00	64.00	34.00	
	55 - 64	34.00	34.00	34.00	34.00	34.00	85.30	34.00	
B	0 - 18*	\$0 - 45.00	\$0 - 45.00	\$0 - 45.00	\$0 - 45.00	\$0 - 45.00	\$0 - 55.80	\$0 - 45.00	
	19 - 39†	45.00	45.00	45.00	45.00	45.00	68.40	45.00	
	40 - 54	45.00	45.00	45.00	45.00	45.00	75.00	45.00	
	55 - 64	45.00	45.00	45.00	45.00	45.00	96.30	45.00	
C	0 - 18*	\$0 - 60.00	\$0 - 60.00	\$0 - 60.00	\$0 - 60.00	\$0 - 60.00	\$0 - 70.80	\$0 - 60.00	
	19 - 39†	60.00	60.00	60.00	60.00	60.00	83.40	60.00	
	40 - 54	60.00	60.00	60.00	60.00	60.00	90.00	60.00	
	55 - 64	60.00	60.00	60.00	60.00	60.00	111.30	60.00	
D	0 - 18*	\$0 - 60.00	\$0 - 60.00	\$0 - 60.00	\$0 - 60.00	\$0 - 60.00	\$0 - 70.80	\$0 - 60.00	
	19 - 39†	70.66	70.66	70.66	70.66	70.66	94.06	70.66	
	40 - 54	90.59	90.59	90.59	90.59	90.59	120.59	90.59	
	55 - 64	154.91	154.91	154.91	154.91	154.91	206.21	154.91	
E	0 - 18*	\$0 - 60.00	\$0 - 60.00	\$0 - 60.00	\$0 - 60.00	\$0 - 60.00	\$0 - 70.80	\$0 - 60.00	
	19 - 39†	88.32	88.32	88.32	88.32	88.32	111.72	88.32	
	40 - 54	113.24	113.24	113.24	113.24	113.24	143.24	113.24	
	55 - 64	193.63	193.63	193.63	193.63	193.63	244.93	193.63	
F	0 - 18*	\$0 - 60.00	\$0 - 60.00	\$0 - 60.00	\$0 - 60.00	\$0 - 60.00	\$0 - 70.80	\$0 - 60.00	
	19 - 39†	108.20	108.20	108.20	108.20	108.20	131.60	108.20	
	40 - 54	138.72	138.72	138.72	138.72	138.72	168.72	138.72	
	55 - 64	237.20	237.20	237.20	237.20	237.20	288.50	237.20	
G	0 - 18*	\$0 - 60.55	\$0 - 60.55	\$0 - 60.55	\$0 - 60.55	\$0 - 60.55	\$0 - 71.35	\$0 - 60.55	
	19 - 39†	131.20	131.20	131.20	131.20	131.20	154.60	131.20	
	40 - 54	168.20	168.20	168.20	168.20	168.20	198.20	168.20	
	55 - 64	287.63	287.63	287.63	287.63	287.63	338.93	287.63	
H	0 - 18*	\$0 - 72.19	\$0 - 72.19	\$0 - 72.19	\$0 - 72.19	\$0 - 72.19	\$0 - 82.99	\$0 - 72.19	
	19 - 39†	156.41	156.41	156.41	156.41	156.41	179.81	156.41	
	40 - 54	200.52	200.52	200.52	200.52	200.52	230.52	200.52	
	55 - 64	342.90	342.90	342.90	342.90	342.90	394.20	342.90	

Premiums effective January 1, 2010 - December 31, 2010

* An individual under age 19 who is the main subscriber or spouse will pay the age 19-39 premium.

† Dependents ages 19-22 who are full-time students or disabled are charged the same rates as a child age 0-18 enrolled in Basic Health. Call for details.