

INDIVIDUAL AND FAMILY | WASHINGTON

# 2018 Individual and Family Cost Share Changes and Plan Mapping

Compare the benefits between your 2017 plan and the most similar 2018 plan

Plans available direct from Kaiser Foundation Health Plan of Washington.

	Current 2017 Plan	2018 Plan
<b>Core Bronze HSA</b>		
<b>Deductible</b>	\$5,500 individual / \$11,000 family	\$5,500 individual / \$11,000 family
<b>Member coinsurance</b>	20%	20%
<b>Out-of-pocket maximum</b>	\$6,550 individual / \$13,100 family	\$6,550 individual / \$13,100 family
<b>Office visit</b>	20% after deductible	20% after deductible
<b>Prescription drugs</b>	Preferred generic 20% after deductible; Preferred brand 40% after deductible; Specialty drugs 50% after deductible	Preferred generic 20% after deductible; Preferred brand 40% after deductible; Non-preferred drugs 50% after deductible; Specialty drugs 50% after deductible
<b>Emergency Department Services</b>	20% after deductible	20% after deductible
<b>Bronze</b>		
<b>Deductible</b>	\$7,150 Individual / \$14,300 Family	\$7,150 Individual / \$14,300 Family
<b>Member coinsurance</b>	No charge after deductible	No charge after deductible
<b>Out-of-pocket maximum</b>	\$7,150 Individual / \$14,300 Family	\$7,150 Individual / \$14,300 Family
<b>Office visit</b>	No charge after deductible	No charge after deductible
<b>Prescription drugs</b>	No charge after deductible	No charge after deductible
<b>Emergency Department Services</b>	No charge after deductible	No charge after deductible
<b>Flex Bronze</b>		
<b>Deductible</b>	\$7,000 individual / \$14,000 family	\$7,000 individual / \$14,000 family
<b>Member coinsurance</b>	20%	20%
<b>Out-of-pocket maximum</b>	\$7,150 individual / \$14,300 family	\$7,150 individual / \$14,300 family
<b>Office visit</b>	<b>Primary:</b> First 3 office visits \$40; additional visits 20% after deductible <b>Specialty:</b> 20% after deductible	<b>Primary:</b> First 3 office visits \$40; additional visits 20% after deductible <b>Specialty:</b> 20% after deductible
<b>Prescription drugs</b>	Preferred generic \$25; Preferred brand 40% after deductible; Specialty drugs 50% after deductible	Preferred generic \$25; Preferred brand 40% after deductible; Non-preferred drugs 50% after deductible; Specialty drugs 50% after deductible
<b>Emergency Department Services</b>	20% after deductible	20% after deductible

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	Current 2017 Plan	2018 Plan
<b>Core Silver HSA</b>		
<b>Deductible</b>	\$3,000 individual / \$6,000 family	\$3,000 individual / \$6,000 family
<b>Member coinsurance</b>	10%	10%
<b>Out-of-pocket maximum</b>	\$5,750 individual / \$11,500 family	\$5,750 individual / \$11,500 family
<b>Office visit</b>	10% after deductible	10% after deductible
<b>Prescription drugs</b>	Preferred generic 10% after deductible; Preferred brand 30% after deductible; Specialty drugs 50% after deductible	Preferred generic 10% after deductible; Preferred brand 30% after deductible; Non-preferred drugs 50% after deductible; Specialty drugs 50% after deductible
<b>Emergency Department Services</b>	10% after deductible	10% after deductible
<b>VisitsPlus Silver HD</b>		
<b>Deductible</b>	\$7,150 Individual / \$14,300 Family	\$7,150 individual / \$14,300 family
<b>Member coinsurance</b>	No charge after deductible	No charge after deductible
<b>Out-of-pocket maximum</b>	\$7,150 Individual / \$14,300 Family	\$7,150 individual / \$14,300 family
<b>Office visit</b>	<b>Primary:</b> \$30 <b>Specialty:</b> \$55	<b>Primary:</b> \$30 <b>Specialty:</b> \$55
<b>Prescription drugs</b>	Preferred generic \$12; Preferred brand \$55; Specialty drugs 50% after deductible	Preferred generic \$12; Preferred brand \$55; Non-preferred drugs 50% after deductible; Specialty drugs 50% after deductible
<b>Emergency Department Services</b>	No charge after deductible	No charge after deductible

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\*Existing members will be renewed on this plan. Will not be marketed off exchange for new sales.

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	Current 2017 Plan	2018 Plan
	<b>Flex Silver</b>	<b>Flex Silver*</b>
<b>Deductible</b>	\$1,750 individual / \$3,500 family	\$1,750 individual / \$3,500 family
<b>Member coinsurance</b>	30%	30%
<b>Out-of-pocket maximum</b>	\$6,850 individual / \$13,700 family	\$6,850 individual / \$13,700 family
<b>Office visit</b>	Deductible waived on first 4 office visits <b>Primary:</b> \$20 after deductible <b>Specialty:</b> \$45 after deductible	Deductible waived on first 4 office visits <b>Primary:</b> \$20 after deductible <b>Specialty:</b> \$45 after deductible
<b>Prescription drugs</b>	Preferred generic \$10; Preferred brand 40% after deductible; Specialty drugs 50% after deductible	Preferred generic \$10; Preferred brand 40% after deductible; Non-preferred drugs 50% after deductible; Specialty drugs 50% after deductible
<b>Emergency Department Services</b>	\$200 + 30% after deductible	30% after deductible
	<b>Flex Gold</b>	<b>Flex Gold</b>
<b>Deductible</b>	\$850 individual / \$1,700 family	\$850 individual / \$1,700 family
<b>Member coinsurance</b>	20%	20%
<b>Out-of-pocket maximum</b>	\$5,000 individual / \$10,000 family	\$5,000 individual / \$10,000 family
<b>Office visit</b>	Deductible waived on first 5 office visits <b>Primary:</b> \$10 after deductible <b>Specialty:</b> \$30 after deductible	Deductible waived on first 5 office visits <b>Primary:</b> \$10 after deductible <b>Specialty:</b> \$30 after deductible
<b>Prescription drugs</b>	Preferred generic \$10; Preferred brand \$35; Specialty drugs 40% after deductible	Preferred generic \$10; Preferred brand \$35; Non-preferred drugs 40% after deductible; Specialty drugs 40% after deductible
<b>Emergency Department Services</b>	\$200 + 20% after deductible	20% after deductible

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	Current 2017 Plan	2018 Plan
<b>Core Bronze HSA</b>		
<b>Deductible</b>	\$5,500 individual / \$11,000 family	\$5,500 individual / \$11,000 family
<b>Member coinsurance</b>	20%	20%
<b>Out-of-pocket maximum</b>	\$6,550 individual / \$13,100 family	\$6,550 individual / \$13,100 family
<b>Office visit</b>	20% after deductible	20% after deductible
<b>Prescription drugs</b>	Preferred generic 20% after deductible; Preferred brand 40% after deductible; Specialty drugs 50% after deductible	Preferred generic 20% after deductible; Preferred brand 40% after deductible; Non-preferred drugs 50% after deductible; Specialty drugs 50% after deductible
<b>Emergency Department Services</b>	20% after deductible	20% after deductible
<b>Bronze</b>		
<b>Deductible</b>	\$7,150 Individual / \$14,300 Family	\$7,150 Individual / \$14,300 Family
<b>Member coinsurance</b>	No charge after deductible	No charge after deductible
<b>Out-of-pocket maximum</b>	\$7,150 Individual / \$14,300 Family	\$7,150 Individual / \$14,300 Family
<b>Office visit</b>	No charge after deductible	No charge after deductible
<b>Prescription drugs</b>	No charge after deductible	No charge after deductible
<b>Emergency Department Services</b>	No charge after deductible	No charge after deductible
<b>Flex Bronze</b>		
<b>Deductible</b>	\$7,000 individual / \$14,000 family	\$7,000 individual / \$14,000 family
<b>Member coinsurance</b>	20%	20%
<b>Out-of-pocket maximum</b>	\$7,150 individual / \$14,300 family	\$7,150 individual / \$14,300 family
<b>Office visit</b>	<b>Primary:</b> First 3 office visits \$40; additional visits 20% after deductible <b>Specialty:</b> 20% after deductible	<b>Primary:</b> First 3 office visits \$40; additional visits 20% after deductible <b>Specialty:</b> 20% after deductible
<b>Prescription drugs</b>	Preferred generic \$25; Preferred brand 40% after deductible; Specialty drugs 50% after deductible	Preferred generic \$25; Preferred brand 40% after deductible; Non-preferred drugs 50% after deductible; Specialty drugs 50% after deductible
<b>Emergency Department Services</b>	20% after deductible	20% after deductible

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	Current 2017 Plan	2018 Plan
<b>Core Silver HSA</b>		<b>Core Silver HSA*</b>
Deductible	\$3,000 individual / \$6,000 family	\$3,000 individual / \$6,000 family
Member coinsurance	10%	10%
Out-of-pocket maximum	\$5,750 individual / \$11,500 family	\$5,750 individual / \$11,500 family
Office visit	10% after deductible	10% after deductible
Prescription drugs	Preferred generic 10% after deductible; Preferred brand 30% after deductible; Specialty drugs 50% after deductible	Preferred generic 10% after deductible; Preferred brand 30% after deductible; Non-preferred drugs 50% after deductible; Specialty drugs 50% after deductible
Emergency Department Services	10% after deductible	10% after deductible
<b>VisitsPlus Silver HD</b>		<b>VisitsPlus Silver HD</b>
Deductible	\$7,150 individual / \$14,300 family	\$7,150 Individual / \$14,300 Family
Member coinsurance	No charge after deductible	No charge after deductible
Out-of-pocket maximum	\$7,150 individual / \$14,300 family	\$7,150 Individual / \$14,300 Family
Office visit	<b>Primary: \$30</b> <b>Specialty: \$55</b>	<b>Primary: \$30</b> <b>Specialty: \$55</b>
Prescription drugs	Preferred generic \$12; Preferred brand \$55; Specialty drugs 50% after deductible	Preferred generic \$12; Preferred brand \$55; Non-preferred drugs 50% after deductible; Specialty drugs 50% after deductible
Emergency Department Services	No charge after deductible	No charge after deductible

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\*This plan is renewing ONLY off exchange; members who want to retain this plan will need to apply for this plan direct. Washington Healthplanfinder will map to the VisitsPlus Silver HD.

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Plans available from Kaiser Foundation Health Plan of Washington through Washington Healthplanfinder.

	Current 2017 Plan	2018 Plan
	<b>Flex Silver</b>	<b>Flex Silver</b>
<b>Deductible</b>	\$1,750 individual / \$3,500 family	\$1,750 individual / \$3,500 family
<b>Member coinsurance</b>	30%	30%
<b>Out-of-pocket maximum</b>	\$6,850 individual / \$13,700 family	\$6,850 individual / \$13,700 family
<b>Office visit</b>	Deductible waived on first 4 office visits <b>Primary:</b> \$20 after deductible <b>Specialty:</b> \$45 after deductible	Deductible waived on first 4 office visits <b>Primary:</b> \$20 after deductible <b>Specialty:</b> \$45 after deductible
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<b>Emergency Department Services</b>	\$200 + 30% after deductible	30% after deductible
	<b>Flex Gold</b>	<b>Flex Gold</b>
<b>Deductible</b>	\$850 individual / \$1,700 family	\$850 individual / \$1,700 family
<b>Member coinsurance</b>	20%	20%
<b>Out-of-pocket maximum</b>	\$5,000 individual / \$10,000 family	\$5,000 individual / \$10,000 family
<b>Office visit</b>	Deductible waived on first 5 office visits <b>Primary:</b> \$10 after deductible <b>Specialty:</b> \$30 after deductible	Deductible waived on first 5 office visits <b>Primary:</b> \$10 after deductible <b>Specialty:</b> \$30 after deductible
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<b>Emergency Department Services</b>	\$200 + 20% after deductible	20% after deductible

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	Current 2017 Plan	2018 Plan
<b>Core Basics Plus</b>		<b>Core Basics Plus</b>
Deductible	\$7,150 individual / \$14,300 family	\$7,350 individual / \$14,700 family
Member coinsurance	No charge after deductible	No charge after deductible
Out-of-pocket maximum	\$7,150 individual / \$14,300 family	\$7,350 individual / \$14,700 family
Office visit	<b>Primary:</b> No charge for first 3 office visits; then no charge after deductible <b>Specialty:</b> No charge after deductible	<b>Primary:</b> No charge for first 3 office visits; then no charge after deductible <b>Specialty:</b> No charge after deductible
Prescription drugs	No charge after deductible	No charge after deductible
Emergency Department Services	No charge after deductible	No charge after deductible
<b>Core Basics Plus (aged off plan)</b>		<b>Flex Bronze</b>
Deductible	\$7,150 individual / \$14,300 family	\$7,000 individual / \$14,000 family
Member coinsurance	No charge after deductible	20%
Out-of-pocket maximum	\$7,150 individual / \$14,300 family	\$7,150 individual / \$14,300 family
Office visit	<b>Primary:</b> No charge for first 3 office visits; then no charge after deductible <b>Specialty:</b> No charge after deductible	<b>Primary:</b> First 3 office visits \$40; additional visits 20% after deductible <b>Specialty:</b> 20% after deductible
Prescription drugs	No charge after deductible	Preferred generic \$25; Preferred brand 40% after deductible; Non-preferred drugs 50% after deductible; Specialty drugs 50% after deductible
Emergency Department Services	No charge after deductible	20% after deductible

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Members enrolled on the Core Basics Plus catastrophic plan for 2017 may have to re-qualify through the Washington Healthplanfinder if enrolled due to a hardship for 2018.

Members enrolled on a cost-share reduction Silver plan or on an American Indian/Alaskan Native plan may have to re-qualify through the Washington Healthplanfinder to stay enrolled on the same plan for 2018.