

**Kaiser Foundation Health Plan of the Northwest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Gold 0/20
HIOS Plan ID: 23371WA1760003
Effective Date: 1/1/2021
Market Type: Individual
Exchange Status: Both inside and outside the exchange
Metal Level: Gold
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		311.73	296.89								311.73	296.89						
15		339.44	323.28								339.44	323.28						
16		350.04	333.37								350.04	333.37						
17		360.63	343.46								360.63	343.46						
18		372.04	354.33								372.04	354.33						
19		383.45	365.19								383.45	365.19						
20		395.27	376.45								395.27	376.45						
21		407.49	388.09								488.99	465.71						
22		407.49	388.09								488.99	465.71						
23		407.49	388.09								488.99	465.71						
24		407.49	388.09								488.99	465.71						
25		409.12	389.64								490.95	467.57						
26		417.27	397.40								500.73	476.88						
27		427.05	406.72								512.47	488.06						
28		442.95	421.85								531.54	506.22						
29		455.99	434.27								547.18	521.13						
30		462.51	440.48								555.01	528.58						
31		472.29	449.80								566.74	539.76						
32		482.07	459.11								578.48	550.93						
33		488.18	464.93								585.81	557.92						
34		494.70	471.14								593.64	565.37						
35		497.96	474.25								597.55	569.10						
36		501.22	477.35								601.46	572.82						
37		504.48	480.46								605.37	576.55						
38		507.74	483.56								609.29	580.27						
39		514.26	489.77								617.11	587.72						
40		520.78	495.98								624.93	595.17						
41		530.56	505.29								636.67	606.35						
42		539.93	514.22								647.92	617.06						
43		552.97	526.64								663.56	631.97						
44		569.27	542.16								683.12	650.59						
45		588.42	560.40								706.11	672.48						
46		611.24	582.14								733.49	698.56						
47		636.91	606.58								764.30	727.90						
48		666.25	634.53								799.50	761.43						
49		695.19	662.08								834.22	794.50						
50		727.79	693.13								873.34	831.75						
51		759.98	723.79								911.97	868.55						
52		795.43	757.55								954.52	909.06						
53		831.29	791.70								997.55	950.04						
54		870.00	828.57								1044.00	994.29						
55		908.71	865.44								1090.46	1038.53						
56		950.68	905.41								1140.82	1086.50						
57		993.06	945.78								1191.68	1134.93						
58		1038.30	988.85								1245.96	1186.62						
59		1060.71	1010.20								1272.85	1212.24						
60		1105.94	1053.28								1327.13	1263.93						
61		1145.06	1090.53								1374.07	1308.64						
62		1170.73	1114.98								1404.88	1337.98						
63		1202.92	1145.64								1443.51	1374.77						
64 and over		1222.47	1164.27								1466.97	1397.12						

**Kaiser Foundation Health Plan of the Northwest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Gold 1500/30
HIOS Plan ID: 23371WA1760001
Effective Date: 1/1/2021
Market Type: Individual
Exchange Status: Both inside and outside the exchange
Metal Level: Gold
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		289.88	276.07								289.88	276.07						
15		315.64	300.61								315.64	300.61						
16		325.50	310.00								325.50	310.00						
17		335.35	319.38								335.35	319.38						
18		345.96	329.48								345.96	329.48						
19		356.57	339.59								356.57	339.59						
20		367.56	350.05								367.56	350.05						
21		378.92	360.88								454.71	433.06						
22		378.92	360.88								454.71	433.06						
23		378.92	360.88								454.71	433.06						
24		378.92	360.88								454.71	433.06						
25		380.44	362.32								456.53	434.79						
26		388.02	369.54								465.62	443.45						
27		397.11	378.20								476.53	453.84						
28		411.89	392.28								494.27	470.73						
29		424.02	403.82								508.82	484.59						
30		430.08	409.60								516.09	491.52						
31		439.17	418.26								527.01	501.91						
32		448.27	426.92								537.92	512.31						
33		453.95	432.33								544.74	518.80						
34		460.01	438.11								552.02	525.73						
35		463.05	441.00								555.65	529.19						
36		466.08	443.88								559.29	532.66						
37		469.11	446.77								562.93	536.12						
38		472.14	449.66								566.57	539.59						
39		478.20	455.43								573.84	546.52						
40		484.26	461.20								581.12	553.45						
41		493.36	469.87								592.03	563.84						
42		502.07	478.17								602.49	573.80						
43		514.20	489.71								617.04	587.66						
44		529.36	504.15								635.23	604.98						
45		547.17	521.11								656.60	625.33						
46		568.39	541.32								682.06	649.58						
47		592.26	564.06								710.71	676.87						
48		619.54	590.04								743.45	708.05						
49		646.44	615.66								775.73	738.79						
50		676.76	644.53								812.11	773.44						
51		706.69	673.04								848.03	807.65						
52		739.66	704.44								887.59	845.33						
53		773.00	736.20								927.61	883.43						
54		809.00	770.48								970.80	924.57						
55		845.00	804.76								1014.00	965.71						
56		884.03	841.93								1060.84	1010.32						
57		923.44	879.46								1108.13	1055.36						
58		965.50	919.52								1158.60	1103.43						
59		986.34	939.37								1183.61	1127.24						
60		1028.40	979.43								1234.08	1175.31						
61		1064.78	1014.07								1277.73	1216.89						
62		1088.65	1036.81								1306.38	1244.17						
63		1118.58	1065.32								1342.30	1278.38						
64 and over		1136.76	1082.64								1364.13	1299.17						

**Kaiser Foundation Health Plan of the Northwest
RATE SCHEDULE**

Plan Information

Plan Name: KP Cascade Gold
HIOS Plan ID: 23371WA1940001
Effective Date: 1/1/2021
Market Type: Individual
Exchange Status: In the exchange
Metal Level: Gold
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		333.32	317.45								333.32	317.45						
15		362.95	345.67								362.95	345.67						
16		374.28	356.46								374.28	356.46						
17		385.61	367.25								385.61	367.25						
18		397.81	378.87								397.81	378.87						
19		410.01	390.49								410.01	390.49						
20		422.65	402.52								422.65	402.52						
21		435.72	414.97								522.86	497.96						
22		435.72	414.97								522.86	497.96						
23		435.72	414.97								522.86	497.96						
24		435.72	414.97								522.86	497.96						
25		437.46	416.63								524.95	499.96						
26		446.18	424.93								535.41	509.92						
27		456.63	434.89								547.96	521.87						
28		473.63	451.07								568.35	541.29						
29		487.57	464.35								585.08	557.22						
30		494.54	470.99								593.45	565.19						
31		505.00	480.95								606.00	577.14						
32		515.45	490.91								618.55	589.09						
33		521.99	497.13								626.39	596.56						
34		528.96	503.77								634.75	604.53						
35		532.45	507.09								638.94	608.51						
36		535.93	510.41								643.12	612.50						
37		539.42	513.73								647.30	616.48						
38		542.91	517.05								651.49	620.46						
39		549.88	523.69								659.85	628.43						
40		556.85	530.33								668.22	636.40						
41		567.31	540.29								680.77	648.35						
42		577.33	549.84								692.79	659.80						
43		591.27	563.11								709.52	675.74						
44		608.70	579.71								730.44	695.66						
45		629.18	599.22								755.01	719.06						
46		653.58	622.46								784.29	746.95						
47		681.03	648.60								817.23	778.32						
48		712.40	678.48								854.88	814.17						
49		743.34	707.94								892.00	849.53						
50		778.19	741.14								933.83	889.36						
51		812.62	773.92								975.14	928.70						
52		850.52	810.02								1020.63	972.03						
53		888.87	846.54								1066.64	1015.85						
54		930.26	885.96								1116.31	1063.15						
55		971.65	925.38								1165.98	1110.46						
56		1016.53	968.13								1219.84	1161.75						
57		1061.85	1011.28								1274.22	1213.54						
58		1110.21	1057.34								1332.25	1268.81						
59		1134.18	1080.17								1361.01	1296.20						
60		1182.54	1126.23								1419.05	1351.47						
61		1224.37	1166.07								1469.24	1399.28						
62		1251.82	1192.21								1502.18	1430.65						
63		1286.24	1224.99								1543.49	1469.99						
64 and over		1307.16	1244.91								1568.58	1493.88						

**Kaiser Foundation Health Plan of the Northwest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Silver 2500/40
HIOS Plan ID: 23371WA1760002
Effective Date: 1/1/2021
Market Type: Individual
Exchange Status: Both inside and outside the exchange
Metal Level: Silver
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		297.75	283.57								297.75	283.57						
15		324.22	308.78								324.22	308.78						
16		334.33	318.41								334.33	318.41						
17		344.45	328.05								344.45	328.05						
18		355.35	338.43								355.35	338.43						
19		366.25	348.81								366.25	348.81						
20		377.54	359.56								377.54	359.56						
21		389.21	370.68								467.06	444.82						
22		389.21	370.68								467.06	444.82						
23		389.21	370.68								467.06	444.82						
24		389.21	370.68								467.06	444.82						
25		390.77	372.16								468.93	446.60						
26		398.56	379.58								478.27	455.49						
27		407.90	388.47								489.48	466.17						
28		423.08	402.93								507.69	483.51						
29		435.53	414.79								522.64	497.75						
30		441.76	420.72								530.11	504.87						
31		451.10	429.62								541.32	515.54						
32		460.44	438.51								552.53	526.22						
33		466.28	444.07								559.53	532.89						
34		472.51	450.01								567.01	540.01						
35		475.62	452.97								570.74	543.57						
36		478.73	455.94								574.48	547.12						
37		481.85	458.90								578.22	550.68						
38		484.96	461.87								581.95	554.24						
39		491.19	467.80								589.43	561.36						
40		497.42	473.73								596.90	568.47						
41		506.76	482.63								608.11	579.15						
42		515.71	491.15								618.85	589.38						
43		528.16	503.01								633.80	603.62						
44		543.73	517.84								652.48	621.41						
45		562.03	535.26								674.43	642.31						
46		583.82	556.02								700.59	667.22						
47		608.34	579.37								730.01	695.25						
48		636.36	606.06								763.64	727.27						
49		664.00	632.38								796.80	758.86						
50		695.14	662.03								834.16	794.44						
51		725.88	691.32								871.06	829.58						
52		759.75	723.57								911.69	868.28						
53		794.00	756.19								952.80	907.42						
54		830.97	791.40								997.17	949.68						
55		867.95	826.62								1041.54	991.94						
56		908.04	864.80								1089.64	1037.76						
57		948.51	903.35								1138.22	1084.02						
58		991.72	944.49								1190.06	1133.39						
59		1013.12	964.88								1215.75	1157.86						
60		1056.33	1006.03								1267.59	1207.23						
61		1093.69	1041.61								1312.43	1249.93						
62		1118.21	1064.96								1341.85	1277.96						
63		1148.96	1094.25								1378.75	1313.10						
64 and over		1167.63	1112.04								1401.17	1334.45						

**Kaiser Foundation Health Plan of the Northwest
RATE SCHEDULE**

Plan Information

Plan Name: KP Cascade Silver
HIOS Plan ID: 23371WA1940002
Effective Date: 1/1/2021
Market Type: Individual
Exchange Status: In the exchange
Metal Level: Silver
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		313.85	298.90								313.85	298.90						
15		341.74	325.47								341.74	325.47						
16		352.41	335.63								352.41	335.63						
17		363.08	345.79								363.08	345.79						
18		374.56	356.73								374.56	356.73						
19		386.05	367.67								386.05	367.67						
20		397.95	379.00								397.95	379.00						
21		410.26	390.72								492.31	468.86						
22		410.26	390.72								492.31	468.86						
23		410.26	390.72								492.31	468.86						
24		410.26	390.72								492.31	468.86						
25		411.90	392.28								494.28	470.74						
26		420.10	400.10								504.12	480.12						
27		429.95	409.47								515.94	491.37						
28		445.95	424.71								535.14	509.66						
29		459.08	437.22								550.89	524.66						
30		465.64	443.47								558.77	532.16						
31		475.49	452.84								570.58	543.41						
32		485.33	462.22								582.40	554.67						
33		491.49	468.08								589.78	561.70						
34		498.05	474.33								597.66	569.20						
35		501.33	477.46								601.60	572.95						
36		504.61	480.59								605.54	576.70						
37		507.90	483.71								609.48	580.45						
38		511.18	486.84								613.41	584.20						
39		517.74	493.09								621.29	591.71						
40		524.31	499.34								629.17	599.21						
41		534.15	508.72								640.98	610.46						
42		543.59	517.70								652.31	621.24						
43		556.72	530.21								668.06	636.25						
44		573.13	545.84								687.75	655.00						
45		592.41	564.20								710.89	677.04						
46		615.38	586.08								738.46	703.30						
47		641.23	610.70								769.48	732.83						
48		670.77	638.83								804.92	766.59						
49		699.90	666.57								839.88	799.88						
50		732.72	697.83								879.26	837.39						
51		765.13	728.69								918.15	874.43						
52		800.82	762.69								960.98	915.22						
53		836.92	797.07								1004.31	956.48						
54		875.90	834.19								1051.08	1001.02						
55		914.87	871.31								1097.85	1045.57						
56		957.13	911.55								1148.55	1093.86						
57		999.79	952.18								1199.75	1142.62						
58		1045.33	995.55								1254.40	1194.67						
59		1067.90	1017.04								1281.48	1220.45						
60		1113.43	1060.41								1336.12	1272.50						
61		1152.82	1097.92								1383.38	1317.51						
62		1178.67	1122.54								1414.40	1347.05						
63		1211.08	1153.41								1453.29	1384.09						
64 and over		1230.77	1172.16								1476.92	1406.58						

**Kaiser Foundation Health Plan of the Northwest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Bronze 6350/65
HIOS Plan ID: 23371WA1780002
Effective Date: 1/1/2021
Market Type: Individual
Exchange Status: Both inside and outside the exchange
Metal Level: Bronze
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		212.67	202.54								212.67	202.54						
15		231.57	220.55								231.57	220.55						
16		238.80	227.43								238.80	227.43						
17		246.03	234.31								246.03	234.31						
18		253.81	241.73								253.81	241.73						
19		261.60	249.14								261.60	249.14						
20		269.66	256.82								269.66	256.82						
21		278.00	264.76								333.60	317.71						
22		278.00	264.76								333.60	317.71						
23		278.00	264.76								333.60	317.71						
24		278.00	264.76								333.60	317.71						
25		279.11	265.82								334.93	318.98						
26		284.67	271.11								341.60	325.34						
27		291.34	277.47								349.61	332.96						
28		302.18	287.79								362.62	345.35						
29		311.08	296.27								373.30	355.52						
30		315.53	300.50								378.63	360.60						
31		322.20	306.86								386.64	368.23						
32		328.87	313.21								394.65	375.85						
33		333.04	317.18								399.65	380.62						
34		337.49	321.42								404.99	385.70						
35		339.71	323.54								407.66	388.24						
36		341.94	325.65								410.33	390.79						
37		344.16	327.77								412.99	393.33						
38		346.39	329.89								415.66	395.87						
39		350.83	334.13								421.00	400.95						
40		355.28	338.36								426.34	406.04						
41		361.95	344.72								434.34	413.66						
42		368.35	350.81								442.02	420.97						
43		377.24	359.28								452.69	431.14						
44		388.36	369.87								466.04	443.84						
45		401.43	382.31								481.71	458.78						
46		417.00	397.14								500.40	476.57						
47		434.51	413.82								521.41	496.58						
48		454.53	432.88								545.43	519.46						
49		474.26	451.68								569.12	542.02						
50		496.50	472.86								595.81	567.43						
51		518.47	493.78								622.16	592.53						
52		542.65	516.81								651.18	620.17						
53		567.12	540.11								680.54	648.13						
54		593.53	565.26								712.23	678.32						
55		619.94	590.41								743.92	708.50						
56		648.57	617.69								778.28	741.22						
57		677.48	645.22								812.98	774.26						
58		708.34	674.61								850.01	809.53						
59		723.63	689.17								868.35	827.00						
60		754.49	718.56								905.38	862.27						
61		781.17	743.98								937.41	892.77						
62		798.69	760.66								958.43	912.79						
63		820.65	781.57								984.78	937.89						
64 and over		833.99	794.28								1000.79	953.13						

**Kaiser Foundation Health Plan of the Northwest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Bronze 8550/75
HIOS Plan ID: 23371WA1780003
Effective Date: 1/1/2021
Market Type: Individual
Exchange Status: Both inside and outside the exchange
Metal Level: Bronze
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		207.25	197.39								207.25	197.39						
15		225.68	214.93								225.68	214.93						
16		232.72	221.64								232.72	221.64						
17		239.77	228.35								239.77	228.35						
18		247.35	235.57								247.35	235.57						
19		254.94	242.80								254.94	242.80						
20		262.79	250.28								262.79	250.28						
21		270.92	258.02								325.11	309.62						
22		270.92	258.02								325.11	309.62						
23		270.92	258.02								325.11	309.62						
24		270.92	258.02								325.11	309.62						
25		272.00	259.05								326.41	310.86						
26		277.42	264.21								332.91	317.05						
27		283.93	270.40								340.71	324.49						
28		294.49	280.47								353.39	336.56						
29		303.16	288.72								363.79	346.47						
30		307.50	292.85								368.99	351.42						
31		314.00	299.05								376.80	358.85						
32		320.50	305.24								384.60	366.29						
33		324.56	309.11								389.48	370.93						
34		328.90	313.24								394.68	375.88						
35		331.07	315.30								397.28	378.36						
36		333.23	317.36								399.88	380.84						
37		335.40	319.43								402.48	383.31						
38		337.57	321.49								405.08	385.79						
39		341.90	325.62								410.28	390.75						
40		346.24	329.75								415.48	395.70						
41		352.74	335.94								423.29	403.13						
42		358.97	341.88								430.76	410.25						
43		367.64	350.13								441.17	420.16						
44		378.48	360.45								454.17	432.54						
45		391.21	372.58								469.45	447.10						
46		406.38	387.03								487.66	464.44						
47		423.45	403.29								508.14	483.94						
48		442.96	421.86								531.55	506.24						
49		462.19	440.18								554.63	528.22						
50		483.86	460.82								580.64	552.99						
51		505.27	481.21								606.32	577.45						
52		528.84	503.66								634.61	604.39						
53		552.68	526.36								663.21	631.63						
54		578.42	550.87								694.10	661.05						
55		604.15	575.38								724.98	690.46						
56		632.06	601.96								758.47	722.35						
57		660.23	628.79								792.28	754.55						
58		690.31	657.43								828.37	788.92						
59		705.21	671.63								846.25	805.95						
60		735.28	700.27								882.34	840.32						
61		761.29	725.04								913.55	870.04						
62		778.36	741.29								934.03	889.55						
63		799.76	761.68								959.71	914.01						
64 and over		812.76	774.06								975.32	928.86						

**Kaiser Foundation Health Plan of the Northwest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Bronze 6900/0% HSA
HIOS Plan ID: 23371WA1780004
Effective Date: 1/1/2021
Market Type: Individual
Exchange Status: Both inside and outside the exchange
Metal Level: Bronze
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		212.03	201.94								212.03	201.94						
15		230.88	219.89								230.88	219.89						
16		238.09	226.75								238.09	226.75						
17		245.29	233.61								245.29	233.61						
18		253.05	241.00								253.05	241.00						
19		260.82	248.40								260.82	248.40						
20		268.85	256.05								268.85	256.05						
21		277.17	263.97								332.60	316.76						
22		277.17	263.97								332.60	316.76						
23		277.17	263.97								332.60	316.76						
24		277.17	263.97								332.60	316.76						
25		278.28	265.03								333.93	318.03						
26		283.82	270.31								340.58	324.37						
27		290.47	276.64								348.57	331.97						
28		301.28	286.94								361.54	344.32						
29		310.15	295.38								372.18	354.46						
30		314.59	299.61								377.50	359.53						
31		321.24	305.94								385.49	367.13						
32		327.89	312.28								393.47	374.73						
33		332.05	316.24								398.46	379.48						
34		336.48	320.46								403.78	384.55						
35		338.70	322.57								406.44	387.09						
36		340.92	324.68								409.10	389.62						
37		343.13	326.79								411.76	392.15						
38		345.35	328.91								414.42	394.69						
39		349.79	333.13								419.74	399.76						
40		354.22	337.35								425.07	404.82						
41		360.87	343.69								433.05	412.43						
42		367.25	349.76								440.70	419.71						
43		376.12	358.21								451.34	429.85						
44		387.20	368.77								464.65	442.52						
45		400.23	381.17								480.28	457.41						
46		415.75	395.96								498.90	475.15						
47		433.21	412.59								519.86	495.10						
48		453.17	431.59								543.80	517.91						
49		472.85	450.33								567.42	540.40						
50		495.02	471.45								594.03	565.74						
51		516.92	492.30								620.30	590.76						
52		541.03	515.27								649.24	618.32						
53		565.42	538.50								678.51	646.20						
54		591.75	563.58								710.11	676.29						
55		618.09	588.65								741.70	706.38						
56		646.63	615.84								775.96	739.01						
57		675.46	643.29								810.55	771.95						
58		706.23	672.60								847.47	807.11						
59		721.47	687.11								865.76	824.54						
60		752.24	716.41								902.68	859.70						
61		778.84	741.76								934.61	890.11						
62		796.31	758.39								955.57	910.06						
63		818.20	779.24								981.84	935.09						
64 and over		831.51	791.91								997.80	950.28						

**Kaiser Foundation Health Plan of the Northwest
RATE SCHEDULE**

Plan Information

Plan Name: KP Cascade Bronze
HIOS Plan ID: 23371WA1940003
Effective Date: 1/1/2021
Market Type: Individual
Exchange Status: In the exchange
Metal Level: Bronze
Plan Type: Standardized Non-Public Option Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		210.65	200.62								210.65	200.62						
15		229.38	218.45								229.38	218.45						
16		236.54	225.27								236.54	225.27						
17		243.70	232.09								243.70	232.09						
18		251.41	239.43								251.41	239.43						
19		259.12	246.78								259.12	246.78						
20		267.10	254.38								267.10	254.38						
21		275.36	262.25								330.44	314.70						
22		275.36	262.25								330.44	314.70						
23		275.36	262.25								330.44	314.70						
24		275.36	262.25								330.44	314.70						
25		276.46	263.30								331.76	315.96						
26		281.97	268.54								338.37	322.25						
27		288.58	274.84								346.30	329.81						
28		299.32	285.07								359.18	342.08						
29		308.13	293.46								369.76	352.15						
30		312.54	297.65								375.04	357.18						
31		319.15	303.95								382.97	364.74						
32		325.75	310.24								390.90	372.29						
33		329.88	314.18								395.86	377.01						
34		334.29	318.37								401.15	382.05						
35		336.49	320.47								403.79	384.56						
36		338.70	322.57								406.44	387.08						
37		340.90	324.67								409.08	389.60						
38		343.10	326.76								411.72	392.12						
39		347.51	330.96								417.01	397.15						
40		351.91	335.16								422.30	402.19						
41		358.52	341.45								430.23	409.74						
42		364.86	347.48								437.83	416.98						
43		373.67	355.87								448.40	427.05						
44		384.68	366.36								461.62	439.64						
45		397.62	378.69								477.15	454.43						
46		413.04	393.38								495.65	472.05						
47		430.39	409.90								516.47	491.88						
48		450.22	428.78								540.26	514.53						
49		469.77	447.40								563.72	536.88						
50		491.80	468.38								590.16	562.05						
51		513.55	489.10								616.26	586.92						
52		537.51	511.91								645.01	614.29						
53		561.74	534.99								674.09	641.99						
54		587.90	559.90								705.48	671.88						
55		614.06	584.82								736.87	701.78						
56		642.42	611.83								770.90	734.20						
57		671.06	639.10								805.27	766.92						
58		701.62	668.21								841.95	801.86						
59		716.77	682.64								860.12	819.16						
60		747.33	711.75								896.80	854.10						
61		773.77	736.92								928.52	884.31						
62		791.12	753.44								949.34	904.13						
63		812.87	774.16								975.44	928.99						
64 and over		826.08	786.75								991.31	944.10						

**Kaiser Foundation Health Plan of the Northwest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Gold 0/20 with Pediatric Dental
HIOS Plan ID: 23371WA1770003
Effective Date: 1/1/2021
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Gold
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		315.67	300.64								315.67	300.64						
15		343.73	327.36								343.73	327.36						
16		354.46	337.58								354.46	337.58						
17		365.19	347.80								365.19	347.80						
18		376.74	358.80								376.74	358.80						
19		388.29	369.80								388.29	369.80						
20		400.26	381.20								400.26	381.20						
21		412.64	392.99								495.17	471.59						
22		412.64	392.99								495.17	471.59						
23		412.64	392.99								495.17	471.59						
24		412.64	392.99								495.17	471.59						
25		414.29	394.56								497.15	473.47						
26		422.54	402.42								507.05	482.91						
27		432.45	411.85								518.94	494.22						
28		448.54	427.18								538.25	512.62						
29		461.74	439.76								554.09	527.71						
30		468.35	446.04								562.01	535.25						
31		478.25	455.48								573.90	546.57						
32		488.15	464.91								585.78	557.89						
33		494.34	470.80								593.21	564.96						
34		500.94	477.09								601.13	572.51						
35		504.25	480.23								605.09	576.28						
36		507.55	483.38								609.06	580.05						
37		510.85	486.52								613.02	583.83						
38		514.15	489.67								616.98	587.60						
39		520.75	495.95								624.90	595.14						
40		527.35	502.24								632.82	602.69						
41		537.26	511.67								644.71	614.01						
42		546.75	520.71								656.10	624.85						
43		559.95	533.29								671.94	639.94						
44		576.46	549.01								691.75	658.81						
45		595.85	567.48								715.02	680.97						
46		618.96	589.49								742.75	707.38						
47		644.96	614.24								773.95	737.09						
48		674.67	642.54								809.60	771.05						
49		703.96	670.44								844.76	804.53						
50		736.97	701.88								884.37	842.26						
51		769.57	732.93								923.49	879.51						
52		805.47	767.12								966.57	920.54						
53		841.78	801.70								1010.14	962.04						
54		880.99	839.03								1057.18	1006.84						
55		920.19	876.37								1104.22	1051.64						
56		962.69	916.85								1155.23	1100.21						
57		1005.60	957.72								1206.72	1149.26						
58		1051.41	1001.34								1261.69	1201.61						
59		1074.10	1022.95								1288.92	1227.54						
60		1119.90	1066.57								1343.88	1279.89						
61		1159.52	1104.30								1391.42	1325.16						
62		1185.51	1129.06								1422.62	1354.87						
63		1218.11	1160.11								1461.73	1392.13						
64 and over		1237.92	1178.97								1485.50	1414.76						

**Kaiser Foundation Health Plan of the Northwest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Gold 1500/30 with Pediatric Dental
HIOS Plan ID: 23371WA1770001
Effective Date: 1/1/2021
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Gold
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		293.51	279.53								293.51	279.53						
15		319.60	304.38								319.60	304.38						
16		329.57	313.88								329.57	313.88						
17		339.55	323.38								339.55	323.38						
18		350.29	333.61								350.29	333.61						
19		361.03	343.84								361.03	343.84						
20		372.16	354.44								372.16	354.44						
21		383.67	365.40								460.40	438.48						
22		383.67	365.40								460.40	438.48						
23		383.67	365.40								460.40	438.48						
24		383.67	365.40								460.40	438.48						
25		385.20	366.86								462.25	440.23						
26		392.88	374.17								471.45	449.00						
27		402.09	382.94								482.50	459.53						
28		417.05	397.19								500.46	476.63						
29		429.33	408.88								515.19	490.66						
30		435.47	414.73								522.56	497.67						
31		444.67	423.50								533.61	508.20						
32		453.88	432.27								544.66	518.72						
33		459.64	437.75								551.56	525.30						
34		465.78	443.60								558.93	532.31						
35		468.84	446.52								562.61	535.82						
36		471.91	449.44								566.30	539.33						
37		474.98	452.37								569.98	542.84						
38		478.05	455.29								573.66	546.35						
39		484.19	461.13								581.03	553.36						
40		490.33	466.98								588.40	560.38						
41		499.54	475.75								599.45	570.90						
42		508.36	484.16								610.04	580.99						
43		520.64	495.85								624.77	595.02						
44		535.99	510.46								643.18	612.56						
45		554.02	527.64								664.82	633.17						
46		575.51	548.10								690.61	657.72						
47		599.68	571.12								719.61	685.34						
48		627.30	597.43								752.76	716.91						
49		654.54	623.37								785.45	748.05						
50		685.23	652.60								822.28	783.13						
51		715.54	681.47								858.65	817.77						
52		748.92	713.26								898.71	855.91						
53		782.69	745.42								939.22	894.50						
54		819.14	780.13								982.96	936.15						
55		855.58	814.84								1026.70	977.81						
56		895.10	852.48								1074.12	1022.97						
57		935.00	890.48								1122.00	1068.58						
58		977.59	931.04								1173.11	1117.25						
59		998.69	951.14								1198.43	1141.36						
60		1041.28	991.70								1249.54	1190.03						
61		1078.11	1026.77								1293.74	1232.13						
62		1102.28	1049.79								1322.74	1259.75						
63		1132.59	1078.66								1359.11	1294.39						
64 and over		1151.01	1096.20								1381.20	1315.44						

**Kaiser Foundation Health Plan of the Northwest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Silver 2500/40 with Pediatric Dental
HIOS Plan ID: 23371WA1770002
Effective Date: 1/1/2021
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Silver
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		270.52	257.64								270.52	257.64						
15		294.56	280.54								294.56	280.54						
16		303.76	289.29								303.76	289.29						
17		312.95	298.05								312.95	298.05						
18		322.85	307.48								322.85	307.48						
19		332.76	316.91								332.76	316.91						
20		343.01	326.68								343.01	326.68						
21		353.62	336.78								424.34	404.14						
22		353.62	336.78								424.34	404.14						
23		353.62	336.78								424.34	404.14						
24		353.62	336.78								424.34	404.14						
25		355.03	338.13								426.04	405.75						
26		362.11	344.86								434.53	413.84						
27		370.59	352.95								444.71	423.53						
28		384.38	366.08								461.26	439.30						
29		395.70	376.86								474.84	452.23						
30		401.36	382.25								481.63	458.69						
31		409.84	390.33								491.81	468.39						
32		418.33	398.41								502.00	478.09						
33		423.64	403.46								508.36	484.15						
34		429.29	408.85								515.15	490.62						
35		432.12	411.55								518.55	493.85						
36		434.95	414.24								521.94	497.09						
37		437.78	416.93								525.34	500.32						
38		440.61	419.63								528.73	503.55						
39		446.27	425.02								535.52	510.02						
40		451.93	430.40								542.31	516.49						
41		460.41	438.49								552.49	526.19						
42		468.55	446.23								562.25	535.48						
43		479.86	457.01								575.83	548.41						
44		494.01	470.48								592.81	564.58						
45		510.63	486.31								612.75	583.57						
46		530.43	505.17								636.51	606.20						
47		552.71	526.39								663.25	631.66						
48		578.17	550.64								693.80	660.76						
49		603.27	574.55								723.93	689.46						
50		631.56	601.49								757.88	721.79						
51		659.50	628.09								791.40	753.71						
52		690.26	657.39								828.32	788.87						
53		721.38	687.03								865.66	824.44						
54		754.98	719.03								905.97	862.83						
55		788.57	751.02								946.28	901.22						
56		824.99	785.71								989.99	942.85						
57		861.77	820.73								1034.12	984.88						
58		901.02	858.12								1081.23	1029.74						
59		920.47	876.64								1104.56	1051.97						
60		959.72	914.02								1151.67	1096.83						
61		993.67	946.35								1192.40	1135.62						
62		1015.95	967.57								1219.14	1161.08						
63		1043.88	994.17								1252.66	1193.01						
64 and over		1060.86	1010.34								1273.02	1212.41						

**Kaiser Foundation Health Plan of the Northwest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Silver 4500/40 with Pediatric Dental
HIOS Plan ID: 23371WA1790001
Effective Date: 1/1/2021
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Silver
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		249.45	237.57								249.45	237.57						
15		271.62	258.69								271.62	258.69						
16		280.10	266.76								280.10	266.76						
17		288.58	274.84								288.58	274.84						
18		297.71	283.53								297.71	283.53						
19		306.84	292.23								306.84	292.23						
20		316.30	301.23								316.30	301.23						
21		326.08	310.55								326.08	310.55						
22		326.08	310.55								326.08	310.55						
23		326.08	310.55								326.08	310.55						
24		326.08	310.55								326.08	310.55						
25		327.38	311.79								327.38	311.79						
26		333.90	318.00								333.90	318.00						
27		341.73	325.46								341.73	325.46						
28		354.45	337.57								354.45	337.57						
29		364.88	347.51								364.88	347.51						
30		370.10	352.47								370.10	352.47						
31		377.92	359.93								377.92	359.93						
32		385.75	367.38								385.75	367.38						
33		390.64	372.04								390.64	372.04						
34		395.86	377.01								395.86	377.01						
35		398.47	379.49								398.47	379.49						
36		401.08	381.98								401.08	381.98						
37		403.68	384.46								403.68	384.46						
38		406.29	386.95								406.29	386.95						
39		411.51	391.91								411.51	391.91						
40		416.73	396.88								416.73	396.88						
41		424.55	404.34								424.55	404.34						
42		432.05	411.48								432.05	411.48						
43		442.49	421.42								442.49	421.42						
44		455.53	433.84								455.53	433.84						
45		470.86	448.43								470.86	448.43						
46		489.12	465.83								489.12	465.83						
47		509.66	485.39								509.66	485.39						
48		533.14	507.75								533.14	507.75						
49		556.29	529.80								556.29	529.80						
50		582.37	554.64								582.37	554.64						
51		608.13	579.18								608.13	579.18						
52		636.50	606.19								636.50	606.19						
53		665.20	633.52								665.20	633.52						
54		696.18	663.02								696.18	663.02						
55		727.15	692.53								727.15	692.53						
56		760.74	724.51								760.74	724.51						
57		794.65	756.81								794.65	756.81						
58		830.85	791.28								830.85	791.28						
59		848.78	808.36								848.78	808.36						
60		884.97	842.83								884.97	842.83						
61		916.28	872.65								916.28	872.65						
62		936.82	892.21								936.82	892.21						
63		962.58	916.74								962.58	916.74						
64 and over		978.23	931.65								978.23	931.65						

**Kaiser Foundation Health Plan of the Northwest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Silver 3000/20% HSA with Pediatric Dental
HIOS Plan ID: 23371WA1790004
Effective Date: 1/1/2021
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Silver
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		253.30	241.24								253.30	241.24						
15		275.81	262.68								275.81	262.68						
16		284.42	270.88								284.42	270.88						
17		293.03	279.08								293.03	279.08						
18		302.30	287.91								302.30	287.91						
19		311.57	296.73								311.57	296.73						
20		321.17	305.88								321.17	305.88						
21		331.11	315.34								397.33	378.41						
22		331.11	315.34								397.33	378.41						
23		331.11	315.34								397.33	378.41						
24		331.11	315.34								397.33	378.41						
25		332.43	316.60								398.92	379.92						
26		339.05	322.91								406.86	387.49						
27		347.00	330.48								416.40	396.57						
28		359.91	342.77								431.90	411.33						
29		370.51	352.87								444.61	423.44						
30		375.81	357.91								450.97	429.49						
31		383.75	365.48								460.50	438.57						
32		391.70	373.05								470.04	447.66						
33		396.67	377.78								476.00	453.33						
34		401.96	382.82								482.36	459.39						
35		404.61	385.35								485.54	462.41						
36		407.26	387.87								488.71	465.44						
37		409.91	390.39								491.89	468.47						
38		412.56	392.91								495.07	471.50						
39		417.86	397.96								501.43	477.55						
40		423.15	403.00								507.79	483.61						
41		431.10	410.57								517.32	492.69						
42		438.72	417.83								526.46	501.39						
43		449.31	427.92								539.17	513.50						
44		462.56	440.53								555.07	528.64						
45		478.12	455.35								573.74	546.42						
46		496.66	473.01								595.99	567.61						
47		517.52	492.88								621.02	591.45						
48		541.36	515.58								649.63	618.70						
49		564.87	537.97								677.84	645.56						
50		591.36	563.20								709.63	675.84						
51		617.51	588.11								741.02	705.73						
52		646.32	615.54								775.59	738.65						
53		675.46	643.29								810.55	771.95						
54		706.91	673.25								848.30	807.90						
55		738.37	703.21								886.04	843.85						
56		772.47	735.69								926.97	882.83						
57		806.91	768.48								968.29	922.18						
58		843.66	803.49								1012.39	964.18						
59		861.87	820.83								1034.25	985.00						
60		898.62	855.83								1078.35	1027.00						
61		930.41	886.11								1116.49	1063.33						
62		951.27	905.97								1141.52	1087.17						
63		977.43	930.88								1172.91	1117.06						
64 and over		993.32	946.02								1191.99	1135.22						

**Kaiser Foundation Health Plan of the Northwest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Bronze 6350/65 with Pediatric Dental
HIOS Plan ID: 23371WA1790002
Effective Date: 1/1/2021
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Bronze
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		215.36	205.10								215.36	205.10						
15		234.50	223.34								234.50	223.34						
16		241.82	230.31								241.82	230.31						
17		249.14	237.28								249.14	237.28						
18		257.02	244.78								257.02	244.78						
19		264.91	252.29								264.91	252.29						
20		273.07	260.07								273.07	260.07						
21		281.52	268.11								337.82	321.73						
22		281.52	268.11								337.82	321.73						
23		281.52	268.11								337.82	321.73						
24		281.52	268.11								337.82	321.73						
25		282.64	269.18								339.17	323.02						
26		288.27	274.54								345.93	329.45						
27		295.03	280.98								354.03	337.18						
28		306.01	291.44								367.21	349.72						
29		315.02	300.02								378.02	360.02						
30		319.52	304.30								383.42	365.17						
31		326.28	310.74								391.53	372.89						
32		333.03	317.17								399.64	380.61						
33		337.26	321.20								404.71	385.43						
34		341.76	325.49								410.11	390.58						
35		344.01	327.63								412.81	393.16						
36		346.26	329.78								415.52	395.73						
37		348.52	331.92								418.22	398.30						
38		350.77	334.07								420.92	400.88						
39		355.27	338.35								426.33	406.03						
40		359.78	342.64								431.73	411.17						
41		366.53	349.08								439.84	418.90						
42		373.01	355.25								447.61	426.29						
43		382.02	363.83								458.42	436.59						
44		393.28	374.55								471.93	449.46						
45		406.51	387.15								487.81	464.58						
46		422.27	402.17								506.73	482.60						
47		440.01	419.06								528.01	502.87						
48		460.28	438.36								552.33	526.03						
49		480.27	457.40								576.32	548.87						
50		502.79	478.84								603.34	574.61						
51		525.03	500.03								630.03	600.03						
52		549.52	523.35								659.42	628.02						
53		574.29	546.94								689.15	656.33						
54		601.04	572.41								721.24	686.90						
55		627.78	597.89								753.34	717.46						
56		656.78	625.50								788.13	750.60						
57		686.05	653.38								823.26	784.06						
58		717.30	683.14								860.76	819.77						
59		732.78	697.89								879.34	837.47						
60		764.03	727.65								916.84	873.18						
61		791.06	753.39								949.27	904.07						
62		808.79	770.28								970.55	924.34						
63		831.03	791.46								997.24	949.75						
64 and over		844.55	804.33								1013.46	965.19						

**Kaiser Foundation Health Plan of the Northwest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Bronze 8550/75 with Pediatric Dental
HIOS Plan ID: 23371WA1790003
Effective Date: 1/1/2021
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Bronze
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		209.87	199.87								209.87	199.87						
15		228.52	217.64								228.52	217.64						
16		235.65	224.43								235.65	224.43						
17		242.79	231.22								242.79	231.22						
18		250.47	238.54								250.47	238.54						
19		258.15	245.86								258.15	245.86						
20		266.10	253.43								266.10	253.43						
21		274.33	261.27								329.20	313.52						
22		274.33	261.27								329.20	313.52						
23		274.33	261.27								329.20	313.52						
24		274.33	261.27								329.20	313.52						
25		275.43	262.32								330.52	314.78						
26		280.92	267.54								337.10	321.05						
27		287.50	273.81								345.00	328.57						
28		298.20	284.00								357.84	340.80						
29		306.98	292.36								368.38	350.83						
30		311.37	296.54								373.64	355.85						
31		317.95	302.81								381.54	363.37						
32		324.54	309.08								389.44	370.90						
33		328.65	313.00								394.38	375.60						
34		333.04	317.18								399.65	380.62						
35		335.24	319.27								402.28	383.13						
36		337.43	321.36								404.92	385.63						
37		339.62	323.45								407.55	388.14						
38		341.82	325.54								410.18	390.65						
39		346.21	329.72								415.45	395.67						
40		350.60	333.90								420.72	400.68						
41		357.18	340.17								428.62	408.21						
42		363.49	346.18								436.19	415.42						
43		372.27	354.54								446.72	425.45						
44		383.24	364.99								459.89	437.99						
45		396.14	377.27								475.37	452.73						
46		411.50	391.91								493.80	470.29						
47		428.78	408.37								514.54	490.04						
48		448.54	427.18								538.24	512.61						
49		468.01	445.73								561.62	534.87						
50		489.96	466.63								587.95	559.95						
51		511.63	487.27								613.96	584.72						
52		535.50	510.00								642.60	612.00						
53		559.64	532.99								671.57	639.59						
54		585.70	557.81								702.84	669.37						
55		611.76	582.63								734.12	699.16						
56		640.02	609.54								768.02	731.45						
57		668.55	636.71								802.26	764.06						
58		699.00	665.72								838.80	798.86						
59		714.09	680.09								856.91	816.10						
60		744.54	709.09								893.45	850.90						
61		770.88	734.17								925.05	881.00						
62		788.16	750.63								945.79	900.75						
63		809.83	771.27								971.80	925.52						
64 and over		822.99	783.81								987.60	940.56						

**Kaiser Foundation Health Plan of the Northwest
RATE SCHEDULE**

Plan Information

Plan Name: KP WA Bronze 6900/0% HSA with Pediatric Dental
HIOS Plan ID: 23371WA1790005
Effective Date: 1/1/2021
Market Type: Individual
Exchange Status: Outside the exchange
Metal Level: Bronze
Plan Type: Non-Standardized Plan

Plan Geographic Availability

Area Number	Available in area?	Counties where this plan is available
1	No	
2	Yes	Cowlitz
3	Yes	Clark
4	No	
5	No	
6	No	
7	No	
8	No	
9	No	

Plan Rates

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14		214.72	204.50								214.72	204.50						
15		233.81	222.68								233.81	222.68						
16		241.11	229.63								241.11	229.63						
17		248.41	236.58								248.41	236.58						
18		256.27	244.06								256.27	244.06						
19		264.13	251.55								264.13	251.55						
20		272.27	259.30								272.27	259.30						
21		280.69	267.32								336.82	320.78						
22		280.69	267.32								336.82	320.78						
23		280.69	267.32								336.82	320.78						
24		280.69	267.32								336.82	320.78						
25		281.81	268.39								338.17	322.07						
26		287.42	273.74								344.91	328.48						
27		294.16	280.15								352.99	336.18						
28		305.11	290.58								366.13	348.69						
29		314.09	299.13								376.91	358.96						
30		318.58	303.41								382.29	364.09						
31		325.32	309.82								390.38	371.79						
32		332.05	316.24								398.46	379.49						
33		336.26	320.25								403.51	384.30						
34		340.75	324.53								408.90	389.43						
35		343.00	326.67								411.60	392.00						
36		345.24	328.80								414.29	394.56						
37		347.49	330.94								416.99	397.13						
38		349.73	333.08								419.68	399.70						
39		354.23	337.36								425.07	404.83						
40		358.72	341.63								430.46	409.96						
41		365.45	348.05								438.54	417.66						
42		371.91	354.20								446.29	425.04						
43		380.89	362.75								457.07	435.30						
44		392.12	373.45								470.54	448.14						
45		405.31	386.01								486.37	463.21						
46		421.03	400.98								505.23	481.18						
47		438.71	417.82								526.45	501.39						
48		458.92	437.07								550.71	524.48						
49		478.85	456.05								574.62	547.26						
50		501.31	477.43								601.57	572.92						
51		523.48	498.55								628.18	598.26						
52		547.90	521.81								657.48	626.17						
53		572.60	545.33								687.12	654.40						
54		599.26	570.73								719.12	684.87						
55		625.93	596.12								751.12	715.35						
56		654.84	623.66								785.81	748.39						
57		684.03	651.46								820.84	781.75						
58		715.19	681.13								858.23	817.36						
59		730.63	695.83								876.75	835.00						
60		761.78	725.51								914.14	870.61						
61		788.73	751.17								946.47	901.40						
62		806.41	768.01								967.69	921.61						
63		828.59	789.13								994.30	946.95						
64 and over		842.06	801.96								1010.46	962.34						