



**COMMUNITY HEALTH PLAN**  
of Washington™  
The power of community

**INDIVIDUAL & FAMILY PLANS**

# 2024 Benefit Highlights



Health care you can afford.  
A local team you can trust.

# Which plan is right for you?

Questions to ask yourself as you shop for an individual or family health plan.



## What costs should I expect for my health coverage?

It's important to know how much you'll pay monthly to be covered by the plan (premiums), how the plan splits the cost of health services with you (cost-share), and what you'll spend on prescription drugs. Depending on your income, you may be able to save on your premiums and out-of-pocket costs when you enroll in a plan through Washington Healthplanfinder. Call CHPW to learn if you're eligible for lowered costs.

## Will the services I rely on be covered?

CHPW covers a wide range of medical services including preventive, primary, and specialty care, behavioral health, and prescription medication.

## Will I be able to keep my doctor(s)?

You'll want to know whether the doctor you see or the hospital you need to go to are in the plan's network. CHPW's network offers you more than 250 clinics, 1,400 primary care providers, and 15,000 specialists across the state.

## How do I pay my monthly bill (premium) for my plan?

The easiest way is to set up automatic payment through E-Bill Express, our secure payment portal. Visit [individualandfamily.chpw.org/pay-your-bills](https://individualandfamily.chpw.org/pay-your-bills) for more info. You can also submit payment by Electronic Funds Transfer (EFT).

## Cascade Select

### Gold

You pay a higher monthly premium. You have a lower deductible (amount you pay before your copay rate takes effect), as well as a lower out-of-pocket maximum (amount you have to pay before we pay 100% of covered services). Many services have a flat copay.

### Silver

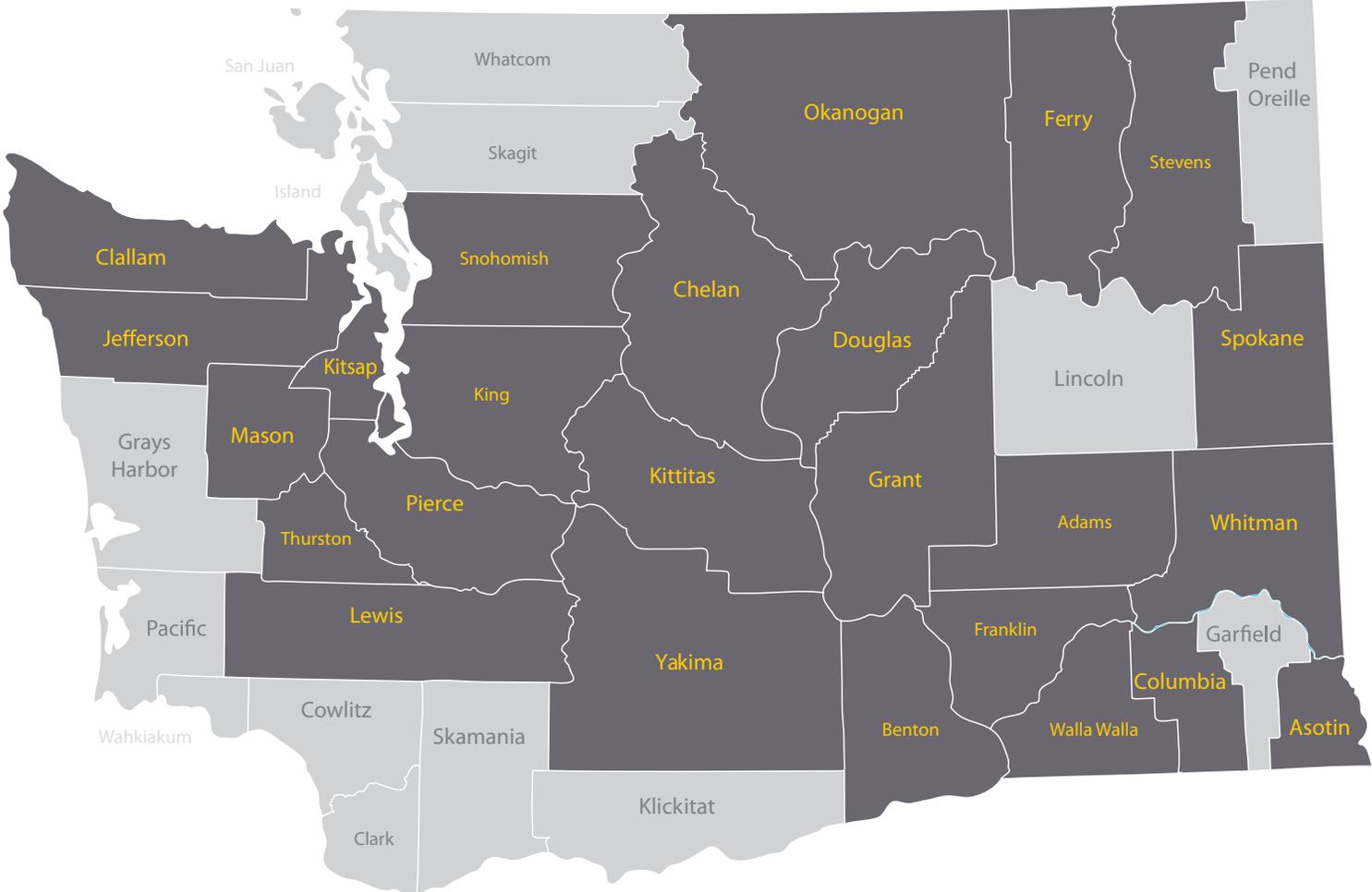
Balanced costs between premium, deductible, and out-of-pocket maximum. Many services have a flat copay.

### Bronze

You pay a low monthly premium. You have a higher deductible before your copay/coinsurance rate takes effect, as well as a higher out-of-pocket maximum. Some services have flat copays, others coinsurance (a percentage of the service's total cost).



# Our Plan Coverage



Benefit	Gold
Deductible (\$)	\$600 individual   \$1,200 family
Maximum Out-of-Pocket	\$6,100 individual   \$12,200 family
Primary Care Visit to Treat an Injury or Illness	\$15
Specialist Visit	\$40
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$15
Preventive Care/Screening/Immunization	\$0
Routine Eye Exam for Children	\$0
Urgent Care	\$35
Emergency Room Services (In and Out of Network)	\$450 after deductible
Ambulance	\$375
Inpatient Hospital Services	\$525*
Generic Drugs (30 Days)	\$10
Preferred Brand Drugs (30 Days)	\$60
Non-Preferred Brand Drugs (30 Days)	\$100
Specialty Drugs (30 Days)	\$100
Advanced Imaging (CT/PET Scans, MRIs)	\$300 after deductible
Speech, Occupational and Physical Therapy	\$25
Laboratory Outpatient and Professional Services	\$20
X-Rays and Diagnostic Imaging	\$30
Skilled Nursing Facility	\$350 after deductible**
Outpatient Facility Fee	\$350 after deductible
Outpatient Surgery Physician/Surgical Services	\$75 after deductible

<sup>1</sup>Depending on your income, you may qualify for savings that lower your out-of-pocket costs under Silver plans. For more information, call CHPW. \*Per day copay, limit of 5 copays per stay \*\*Per day copay

Benefit	Silver <sup>1</sup>
Deductible (\$)	\$2,500 individual   \$5,000 family
Maximum Out-of-Pocket	\$9,200 individual   \$18,400 family
Primary Care Visit to Treat an Injury or Illness	\$30 (Eligible for two visits at \$1 copay, after which \$30 copay applies.)
Specialist Visit	\$65
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$30 (Eligible for two visits at \$1 copay, after which \$30 copay applies.)
Preventive Care/Screening/Immunization	\$0
Routine Eye Exam for Children	\$0
Urgent Care	\$65
Emergency Room Services (In and Out of Network)	\$800 after deductible
Ambulance	\$375
Inpatient Hospital Services	\$800 after deductible*
Generic Drugs (30 Days)	\$25
Preferred Brand Drugs (30 Days)	\$75
Non-Preferred Brand Drugs (30 Days)	\$250 after deductible
Specialty Drugs (30 Days)	\$250 after deductible
Advanced Imaging (CT/PET Scans, MRIs)	30% after deductible
Speech, Occupational and Physical Therapy	\$40
Laboratory Outpatient and Professional Services	\$40
X-Rays and Diagnostic Imaging	\$65
Skilled Nursing Facility	\$800 after deductible**
Outpatient Facility Fee	\$600 after deductible
Outpatient Surgery Physician/Surgical Services	\$200 after deductible

<sup>1</sup>Depending on your income, you may qualify for savings that lower your out-of-pocket costs under Silver plans. For more information, call CHPW. \*Per day copay, limit of 5 copays per stay \*\*Per day copay

Benefit	Bronze
Deductible (\$)	\$6,000 individual   \$12,000 family
Maximum Out-of-Pocket	\$9,200 individual   \$18,400 family
Primary Care Visit to Treat an Injury or Illness	\$50 (Eligible for two visits at \$1 copay, after which \$50 copay applies.)
Specialist Visit	\$100 after deductible
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	Office Visits: \$50 (Eligible for two visits at \$1 copay, after which \$50 copay applies.)   Other: 40% after deductible
Preventive Care/Screening/Immunization	\$0
Routine Eye Exam for Children	\$0
Urgent Care	\$100
Emergency Room Services (In and Out of Network)	40% after deductible
Ambulance	40% after deductible
Inpatient Hospital Services	40% after deductible
Generic Drugs (30 Days)	\$32
Preferred Brand Drugs (30 Days)	40% after deductible
Non-Preferred Brand Drugs (30 Days)	40% after deductible
Specialty Drugs (30 Days)	40% after deductible
Advanced Imaging (CT/PET Scans, MRIs)	40% after deductible
Speech, Occupational and Physical Therapy	40% after deductible
Laboratory Outpatient and Professional Services	40% after deductible
X-Rays and Diagnostic Imaging	40% after deductible
Skilled Nursing Facility	40% after deductible
Outpatient Facility Fee	40% after deductible
Outpatient Surgery Physician/Surgical Services	40% after deductible

<sup>1</sup>Depending on your income, you may qualify for savings that lower your out-of-pocket costs under Silver plans. For more information, call CHPW. \*Per day copay, limit of 5 copays per stay \*\*Per day copay

# When and how can I enroll?

You can sign up for 2024 coverage through Washington Healthplanfinder during open enrollment from November 1, 2023 to January 15, 2024. You may also be able to sign up outside the open enrollment period—call us to see if you're eligible.



## Apply by Phone

A licensed CHPW expert will be happy to help you enroll. Call 1-833-993-0181 (TTY: 711), between 8 a.m. and 5 p.m., Monday through Friday.

Enrollment/Eligibility Questions:

**1-833-993-0181**

**TTY: 711**

Customer Service Questions:

**1-866-907-1906**

**TTY: 711**

**8 a.m. to 5 p.m. Monday - Friday**



## Apply Online

Visit our webpage at the address below and follow the steps to apply through Washington Healthplanfinder.

Web:

**[individualandfamily.chpw.org/enrollment](https://individualandfamily.chpw.org/enrollment)**

Mailing Address:

**Community Health  
Plan of Washington**

**1111 3rd Ave, Suite 400  
Seattle, WA 98101-3207**

Community 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.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-907-1906 (TTY: 711).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-866-907-1906 (TTY: 711)。