

Which plan is right for you?

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



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.

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 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 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).

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

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).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-907-1906 (телетайп: 711).

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COMMUNITY HEALTH PLAN
of Washington™
The power of community

INDIVIDUAL & FAMILY PLANS

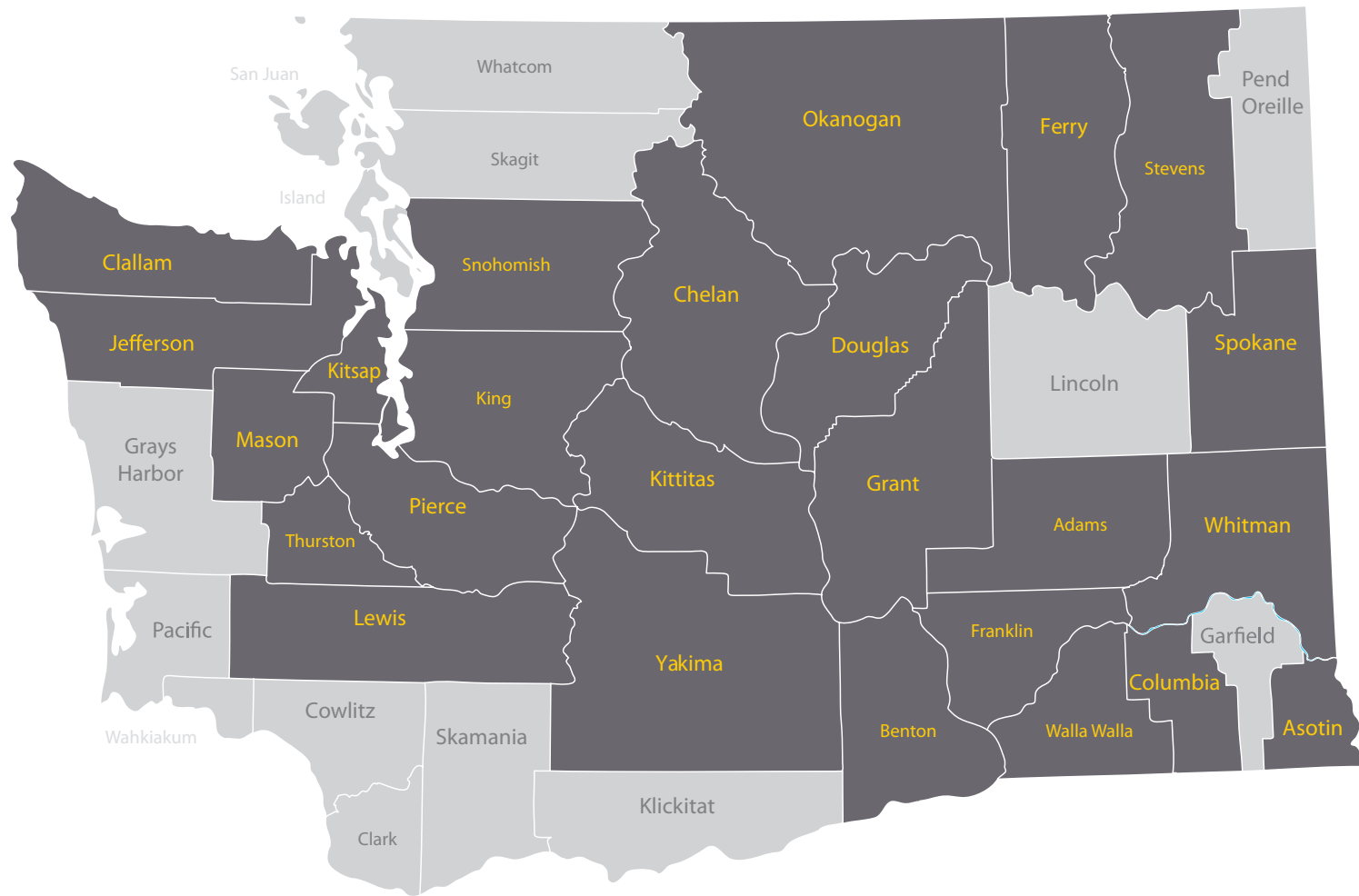
2024 Benefit Highlights



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



Our Plan Coverage



Benefit	Gold	Silver ¹	Bronze
Deductible (\$)	\$600 individual \$1,200 family	\$2,500 individual \$5,000 family	\$6,000 individual \$12,000 family
Maximum Out-of-Pocket	\$6,100 individual \$12,200 family	\$9,200 individual \$18,400 family	\$9,200 individual \$18,400 family
Primary Care Visit to Treat an Injury or Illness	\$15	\$30 (Eligible for two visits at \$1 copay, after which \$30 copay applies.)	\$50 (Eligible for two visits at \$1 copay, after which \$50 copay applies.)
Specialist Visit	\$40	\$65	\$100 after deductible
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$15	\$30 (Eligible for two visits at \$1 copay, after which \$30 copay applies.)	Office Visits: \$50 (Eligible for two visits at \$1 copay, after which \$50 copay applies.) Other: 40% after deductible
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Routine Eye Exam for Children	\$0	\$0	\$0
Urgent Care	\$35	\$65	\$100
Emergency Room Services (In and Out of Network)	\$450 after deductible	\$800 after deductible	40% after deductible
Ambulance	\$375	\$375	40% after deductible
Inpatient Hospital Services	\$525*	\$800 after deductible*	40% after deductible
Generic Drugs (30 Days)	\$10	\$25	\$32
Preferred Brand Drugs (30 Days)	\$60	\$75	40% after deductible
Non-Preferred Brand Drugs (30 Days)	\$100	\$250 after deductible	40% after deductible
Specialty Drugs (30 Days)	\$100	\$250 after deductible	40% after deductible
Advanced Imaging (CT/PET Scans, MRIs)	\$300 after deductible	30% after deductible	40% after deductible
Speech, Occupational and Physical Therapy	\$25	\$40	40% after deductible
Laboratory Outpatient and Professional Services	\$20	\$40	40% after deductible
X-Rays and Diagnostic Imaging	\$30	\$65	40% after deductible
Skilled Nursing Facility	\$350 after deductible**	\$800 after deductible**	40% after deductible
Outpatient Facility Fee	\$350 after deductible	\$600 after deductible	40% after deductible
Outpatient Surgery Physician/Surgical Services	\$75 after deductible	\$200 after deductible	40% after deductible

¹Depending 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