

Grandfathered Plans

LifeWise Health Plan of Washington

Closed for New Sales (sold prior to 3/23/2010)

Rates effective January 1, 2022

Age	WiseChoices 0/20 \$0 / 20% / \$9,500		WiseChoices 0/30 \$0 / 30% / \$9,500		WiseChoices 20 \$1,000 / 20% / \$8,500	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
<25	\$512	\$600	\$470	\$546	\$445	\$516
25-29	\$580	\$675	\$525	\$614	\$501	\$582
30-34	\$672	\$780	\$610	\$713	\$582	\$675
35-39	\$801	\$927	\$730	\$847	\$691	\$803
40-44	\$948	\$1,103	\$864	\$1,000	\$818	\$956
45-49	\$1,186	\$1,377	\$1,076	\$1,250	\$1,022	\$1,189
50-54	\$1,451	\$1,684	\$1,320	\$1,533	\$1,250	\$1,455
55-59	\$1,694	\$1,967	\$1,537	\$1,785	\$1,456	\$1,698
60-64	\$1,915	\$2,244	\$1,756	\$2,041	\$1,665	\$1,932
65+	\$1,915	\$2,244	\$1,756	\$2,041	\$1,665	\$1,932
Per Child	\$429		\$388		\$370	

Age	WiseChoices 30 \$1,500 / 30% / \$8,500		WiseChoices Prime \$1,500 deductible		WiseChoices Prime \$3,000 deductible	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
<25	\$374	\$440	\$374	\$435	\$316	\$370
25-29	\$427	\$494	\$422	\$494	\$359	\$415
30-34	\$490	\$572	\$490	\$569	\$412	\$479
35-39	\$586	\$682	\$586	\$682	\$495	\$574
40-44	\$696	\$811	\$684	\$802	\$580	\$678
45-49	\$865	\$1,008	\$862	\$997	\$730	\$840
50-54	\$1,060	\$1,239	\$1,056	\$1,225	\$893	\$1,036
55-59	\$1,240	\$1,441	\$1,225	\$1,425	\$1,036	\$1,202
60-64	\$1,399	\$1,643	\$1,396	\$1,631	\$1,177	\$1,380
65+	\$1,399	\$1,643	\$1,396	\$1,631	\$1,177	\$1,380
Per Child	\$315		\$315		\$266	

Age	WiseEssentials 25 \$2,770 deductible* WE17		WiseEssentials 25 \$2,770 deductible WE25		WiseEssentials 25 \$3,500 deductible	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
<25	\$208	\$239	\$190	\$222	\$176	\$204
25-29	\$233	\$271	\$209	\$247	\$201	\$230
30-34	\$271	\$312	\$247	\$288	\$227	\$266
35-39	\$324	\$379	\$294	\$342	\$273	\$317
40-44	\$382	\$445	\$350	\$404	\$321	\$375
45-49	\$480	\$558	\$440	\$505	\$404	\$467
50-54	\$587	\$682	\$533	\$621	\$494	\$574
55-59	\$682	\$793	\$621	\$722	\$574	\$664
60-64	\$777	\$896	\$706	\$828	\$648	\$762
65+	\$777	\$896	\$706	\$828	\$648	\$762
Per Child	\$174		\$160		\$147	

* Deductible waived on diagnostic and imaging services

Age	WiseEssentials Copay \$5,000 deductible		WiseEssentials Copay \$7,500 deductible		WiseSimplicity \$10,000 deductible	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
<25	\$160	\$187	\$130	\$153	\$117	\$133
25-29	\$179	\$208	\$148	\$172	\$129	\$148
30-34	\$208	\$243	\$171	\$202	\$148	\$173
35-39	\$250	\$290	\$204	\$240	\$179	\$208
40-44	\$291	\$343	\$241	\$285	\$208	\$247
45-49	\$372	\$424	\$301	\$346	\$265	\$306
50-54	\$452	\$525	\$368	\$429	\$324	\$375
55-59	\$525	\$614	\$429	\$501	\$375	\$436
60-64	\$597	\$699	\$485	\$572	\$427	\$495
65+	\$597	\$699	\$485	\$572	\$427	\$495
Per Child	\$132		\$110		\$96	

Age	WiseSavings 20 \$2,770 Deductible IND		WiseSavings 20 \$5,540 Deductible FAM		WiseSavings 20 \$3,000 Deductible IND	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
<25	\$231	\$268	\$171	\$199	\$204	\$241
25-29	\$261	\$302	\$191	\$225	\$230	\$269
30-34	\$299	\$347	\$222	\$257	\$269	\$315
35-39	\$359	\$415	\$266	\$308	\$323	\$372
40-44	\$422	\$494	\$311	\$363	\$381	\$445
45-49	\$529	\$611	\$393	\$452	\$472	\$553
50-54	\$646	\$755	\$479	\$559	\$580	\$675
55-59	\$755	\$875	\$559	\$646	\$682	\$788
60-64	\$859	\$1,005	\$633	\$742	\$762	\$900
65+	\$859	\$1,005	\$633	\$742	\$762	\$900
Per Child	N/A		\$144		N/A	

Age	WiseSavings 20 \$6,000 deductible FAM	
	Non-smoker	Smoker
<25	\$157	\$182
25-29	\$176	\$204
30-34	\$204	\$240
35-39	\$242	\$285
40-44	\$287	\$338
45-49	\$363	\$415
50-54	\$445	\$517
55-59	\$517	\$599
60-64	\$585	\$681
65+	\$585	\$681
Per Child	\$130	

Notes:

- Per child rate applies to dependent children applying on the same plan as a parent or legal guardian.
- To qualify for a non-smoker rate, an individual must not have used tobacco products during the past 12 months.
- Eligible family members include you, your spouse, and unmarried children under age 25 who are partially or totally dependent on you for support.



Discrimination is Against the Law

LifeWise Health Plan of Washington (LifeWise) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). LifeWise provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-6396, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@LifeWiseHealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-817-3056 (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 800-817-3056 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-817-3056 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-817-3056 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-817-3056 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-817-3056 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

Телефонуйте за номером 800-817-3056 (телетайп: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-817-3056 (TTY: 711)។

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800-817-3056 (TTY:711) まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-817-3056 (መስማት ለተሳናቸው: 711)።

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-817-3056 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-817-3056 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-817-3056 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-817-3056 (TTY: 711).

ໂປດອຸບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສ່ຽງຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-817-3056 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sévis èd pou lang ki disponib gratis pou ou. Rele 800-817-3056 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-817-3056 (ATS : 711).

UWAGA: Jezeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-817-3056 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-817-3056 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-817-3056 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-817-3056 (TTY: 711) تماس بگیرید.