

Cascade Silver and Bronze Plans



BLUE CROSS

An Independent Licensee of the Blue Cross Blue Shield Association

Monthly rates for
individuals and families

Start date: **Jan. 1, 2027**

Area 4

These rates apply if you live in the following
county: **Ferry, Lincoln, Pend Oreille, Spokane,
Stevens**

If you are eligible for a subsidy, rates will be
adjusted.

Determine your monthly rate

**Step 1: Choose a plan and a deductible amount
from the chart.** The chart shows the deductible
for an individual. The deductible for a family is 2
times the individual deductible. A deductible is
the amount you pay each year before the health
plan starts to pay for certain services.
Copayments do not count toward meeting your
deductible.

**Step 2: Find your age and circle the rate that
applies to your use or non-use of tobacco.**

Tobacco use means use of any tobacco product
on average 4 or more times per week within the
past 6 months. Tobacco use does not include
religious or ceremonial use. E-cigarettes are not
considered tobacco.

**Step 3: Repeat step 2 for each eligible family
member you wish to add to your health care
plan.** Eligible family members include you, your
spouse or domestic partner, and your legal
dependents and children under age 26. Monthly
rates are charged for all dependents and children
age 21 and older and for the first 3 oldest
dependents and children under age 21.
Additional dependents and children age 20 and
younger are not charged.

Step 4: Add up the circled amounts. The total
will be the dollar amount of your monthly health
plan bill.

You	\$
+ Spouse/Domestic partner	\$
+ Dependent	\$
+ Dependent	\$
+ Dependent	\$
Total monthly rate	\$

Deductible	Silver		Bronze	
	\$2,800		\$7,000	
AGE	Non-tobacco	Tobacco	Non-tobacco	Tobacco
0-14	850.13	850.13	512.28	512.28
15	925.70	925.70	557.82	557.82
16	954.60	954.60	575.23	575.23
17	983.49	983.49	592.64	592.64
18	1014.60	1014.60	611.39	611.39
19	1045.72	1045.72	630.14	630.14
20	1077.95	1077.95	649.56	649.56
21	1111.29	1111.29	669.65	669.65
22	1111.29	1111.29	669.65	669.65
23	1111.29	1111.29	669.65	669.65
24	1111.29	1111.29	669.65	669.65
25	1115.73	1115.73	672.33	672.33
26	1137.96	1137.96	685.72	685.72
27	1164.63	1164.63	701.80	701.80
28	1207.97	1207.97	727.91	727.91
29	1243.53	1243.53	749.34	749.34
30	1261.31	1261.31	760.06	760.06
31	1287.98	1287.98	776.13	776.13
32	1314.65	1314.65	792.20	792.20
33	1331.32	1331.32	802.24	802.24
34	1349.10	1349.10	812.96	812.96
35	1357.99	1357.99	818.32	818.32
36	1366.88	1366.88	823.67	823.67
37	1375.77	1375.77	829.03	829.03
38	1384.66	1384.66	834.39	834.39
39	1402.44	1402.44	845.10	845.10
40	1420.22	1420.22	855.82	855.82
41	1446.90	1446.90	871.89	871.89
42	1472.45	1472.45	887.29	887.29
43	1508.02	1508.02	908.72	908.72
44	1552.47	1552.47	935.51	935.51
45	1604.70	1604.70	966.98	966.98
46	1666.93	1666.93	1004.48	1004.48
47	1736.94	1736.94	1046.67	1046.67
48	1816.95	1816.95	1094.88	1094.88
49	1895.86	1895.86	1142.43	1142.43
50	1984.76	1984.76	1196.00	1196.00
51	2072.55	2072.55	1248.90	1248.90
52	2169.23	2169.23	1307.16	1307.16
53	2267.02	2267.02	1366.09	1366.09
54	2372.60	2372.60	1429.71	1429.71
55	2478.17	2478.17	1493.33	1493.33
56	2592.63	2592.63	1562.30	1562.30
57	2708.21	2708.21	1631.94	1631.94
58	2831.56	2831.56	1706.28	1706.28
59	2892.68	2892.68	1743.11	1743.11
60	3016.03	3016.03	1817.44	1817.44
61	3122.72	3122.72	1881.72	1881.72
62	3192.73	3192.73	1923.91	1923.91
63	3280.52	3280.52	1976.82	1976.82
64+	3333.86	3333.86	2008.95	2008.95

We want to make it simple and easy for you to understand your health plan.

Important notes

- Individual health plans are available to permanent Washington residents who are not enrolled in Medicare Part A or Part B.
- Rates are based on your current age. When your age changes during the year, your rate will not change until the next time you enroll in a health plan.
- The deductible amount listed for each rate category is the individual deductible. The family deductible is 2 times the individual deductible.

Contact us

For enrollment information or if you have questions about Premiera Blue Cross:

- Visit premera.com
- Call 844-961-9823.
- Talk to a producer, a licensed professional also known as an agent.