From Apple Health to Marketplace: Coordinated Care Plans to Fit You

There are many options when shopping for insurance plans. To help find the plan that fits your needs, we've put together the chart below and these steps to follow.

- First, go to WA Health Benefit Exchange to determine your eligibility using the Federal Poverty Level (FPL).
- Using your FPL, see the ranges below to find the plan for you.
- Enroll today at <u>wahealthplanfinder.org</u> and choose Coordinated Care or Ambetter from Coordinated Care.





Federal Poverty Level (FPL) Range							Depending on premium and Cascade Care Savings eligibility, the Gold plan may	
0-133%	134-150%		151-200% 201-25		0%		be a better choice for those between 200 and 250% Federal Poverty Level (FPL).	
Coordinated Care Washington Apple Health	Ambetter Cascade Silver 94%		Ambetter Cascade Silver 87%		Ambetter Cascade Silver 73%		Ambetter Cascade Gold	
Deductible - \$ 0 \$ 0 Preventive Services \$ 0 Primary Care Visit \$ 0 Specialist Visit \$ 0 Urgent Care Visit \$ 0 Emergency Room \$ 0 Hospital Inpatient	Deductible - \$ 0 Indiv. \$ 0 Family \$ 0 Preventive Services \$ 5 Primary Care Visit; \$1 first \$ 15 Specialist Visit \$ 15 Urgent Care Visit \$ 150 Emergency Room \$ 100/day Hospital Inpatient	t 2 visits	Deductible – \$750 Indiv. \$1,500 Family \$0 Preventive Services \$10 Primary Care Visit; \$1 f \$30 Specialist Visit \$30 Urgent Care Visit (below after deductible met) \$425 Emergency Room \$425/day Hospital Inpatient)	Deductible – \$2,500 Indiv. \$5,000 Family \$0 Preventive Services \$30 Primary Care Visit; \$1 first 2 visits \$65 Specialist Visit \$65 Urgent Care Visit (below after deductible met) \$800 Emergency Room \$800/day Hospital Inpatient	\$ \$ \$ \$ (be \$ 4	ductible – \$ 600 Indiv. \$1,200 Family 0 Preventive Services 15 Primary Care Visit; \$1 first 2 visits 40 Specialist Visit 35 Urgent Care Visit elow after deductible met) 50 Emergency Room 25/day Hospital Inpatient	
Annual Out of Pocket Max – No Cost	Annual Out of Pocket Max – \$1,200 Individual \$2,400 Family		Annual Out of Pocket Max – \$2,500 Individual \$5,000 Family		Annual Out of Pocket Max – \$ 7,550 Individual \$15,100 Family	Anr	nual Out of Pocket Max – \$ 6,100 Individual \$12,200 Family	

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*deductibles are only valid for plan year 2024