



Tarifas del 2024 para Washington

Planes Individuales y Familiares

La disponibilidad del plan varía dependiendo de su ubicación

Muchos de nuestros planes médicos están disponibles a través de Washington Healthplanfinder y directamente con PacificSource.

Si usted vive en alguno de los siguientes condados, puede elegir planes de la red Navigator:

- Clark
- Pierce
- Spokane
- Thurston

Cálculo de tarifas médicas para familias

Las tarifas se basan en la edad de cada miembro de la familia en la fecha de entrada en vigor del plan. Se cobrarán primas por los siguientes miembros de su familia:

- Suscriptor (miembro principal del plan)
- Cónyuge o pareja doméstica legal
- Hijos adultos de 21 años de edad o mayores
- Hasta tres hijos menores de 21 años de edad
- Hasta tres hijos menores de 19 años de edad en el caso de los planes dentales pediátricos

Email

CoverageAdvisors@PacificSource.com

Teléfono

Teléfono sin costo: 855-330-2792
TTY: 711
Aceptamos llamadas del servicio de retransmisión.

[PacificSource.com](https://www.pacificsource.com)



EDAD	Gold 2000		Gold 2000 PD*		Silver 3500 PD*	
	NO USUARIO DEL TABACO	USUARIO DEL TABACO	NO USUARIO DEL TABACO	USUARIO DEL TABACO	NO USUARIO DEL TABACO	USUARIO DEL TABACO
0-14	\$339.23	\$339.23	\$343.30	\$343.30	\$289.93	\$289.93
15	\$369.38	\$369.38	\$373.82	\$373.82	\$315.70	\$315.70
16	\$380.91	\$380.91	\$385.48	\$385.48	\$325.56	\$325.56
17	\$392.44	\$392.44	\$397.15	\$397.15	\$335.41	\$335.41
18	\$404.86	\$404.86	\$409.72	\$409.72	\$346.02	\$346.02
19	\$417.28	\$417.28	\$422.28	\$422.28	\$356.64	\$356.64
20	\$430.14	\$430.14	\$435.30	\$435.30	\$367.63	\$367.63
21	\$443.44	\$532.13	\$448.76	\$538.51	\$379.00	\$454.80
22	\$443.44	\$532.13	\$448.76	\$538.51	\$379.00	\$454.80
23	\$443.44	\$532.13	\$448.76	\$538.51	\$379.00	\$454.80
24	\$443.44	\$532.13	\$448.76	\$538.51	\$379.00	\$454.80
25	\$445.21	\$534.26	\$450.56	\$540.67	\$380.51	\$456.61
26	\$454.08	\$544.90	\$459.53	\$551.44	\$388.09	\$465.71
27	\$464.72	\$557.67	\$470.30	\$564.36	\$397.19	\$476.63
28	\$482.02	\$578.42	\$487.80	\$585.36	\$411.97	\$494.36
29	\$496.21	\$595.45	\$502.16	\$602.60	\$424.10	\$508.92
30	\$503.30	\$603.96	\$509.34	\$611.21	\$430.16	\$516.19
31	\$513.95	\$616.73	\$520.11	\$624.14	\$439.26	\$527.11
32	\$524.59	\$629.51	\$530.88	\$637.06	\$448.35	\$538.02
33	\$531.24	\$637.49	\$537.61	\$645.14	\$454.04	\$544.85
34	\$538.33	\$646.00	\$544.79	\$653.75	\$460.10	\$552.12
35	\$541.88	\$650.26	\$548.38	\$658.06	\$463.13	\$555.76
36	\$545.43	\$654.52	\$551.97	\$662.37	\$466.17	\$559.40
37	\$548.98	\$658.77	\$555.56	\$666.68	\$469.20	\$563.04
38	\$552.52	\$663.03	\$559.16	\$670.99	\$472.23	\$566.68
39	\$559.62	\$671.54	\$566.34	\$679.60	\$478.29	\$573.95
40	\$566.71	\$680.06	\$573.52	\$688.22	\$484.36	\$581.23
41	\$577.36	\$692.83	\$584.29	\$701.14	\$493.45	\$592.14
42	\$587.56	\$705.07	\$594.61	\$713.53	\$502.17	\$602.60
43	\$601.75	\$722.10	\$608.97	\$730.76	\$514.30	\$617.16
44	\$619.48	\$743.38	\$626.92	\$752.30	\$529.46	\$635.35
45	\$640.33	\$768.39	\$648.01	\$777.61	\$547.27	\$656.73
46	\$665.16	\$798.19	\$673.14	\$807.77	\$568.49	\$682.19
47	\$693.09	\$831.71	\$701.41	\$841.69	\$592.37	\$710.85
48	\$725.02	\$870.03	\$733.72	\$880.47	\$619.66	\$743.59
49	\$756.51	\$907.81	\$765.58	\$918.70	\$646.57	\$775.88
50	\$791.98	\$950.38	\$801.49	\$961.78	\$676.89	\$812.27
51	\$827.01	\$992.42	\$836.94	\$1,004.33	\$706.83	\$848.19
52	\$865.59	\$1,038.71	\$875.98	\$1,051.18	\$739.80	\$887.76
53	\$904.62	\$1,085.54	\$915.47	\$1,098.56	\$773.15	\$927.78
54	\$946.74	\$1,136.09	\$958.10	\$1,149.72	\$809.16	\$970.99
55	\$988.87	\$1,186.64	\$1,000.73	\$1,200.88	\$845.16	\$1,014.19
56	\$1,034.54	\$1,241.45	\$1,046.96	\$1,256.35	\$884.20	\$1,061.04
57	\$1,080.66	\$1,296.79	\$1,093.63	\$1,312.35	\$923.61	\$1,108.34
58	\$1,129.88	\$1,355.86	\$1,143.44	\$1,372.13	\$965.68	\$1,158.82
59	\$1,154.27	\$1,385.13	\$1,168.12	\$1,401.75	\$986.53	\$1,183.83
60	\$1,203.49	\$1,444.19	\$1,217.93	\$1,461.52	\$1,028.60	\$1,234.32
61	\$1,246.06	\$1,495.28	\$1,261.02	\$1,513.22	\$1,064.98	\$1,277.98
62	\$1,274.00	\$1,528.80	\$1,289.29	\$1,547.15	\$1,088.86	\$1,306.63
63	\$1,309.03	\$1,570.84	\$1,324.74	\$1,589.69	\$1,118.80	\$1,342.56
64 años o más	\$1,330.32	\$1,596.38	\$1,346.28	\$1,615.53	\$1,136.99	\$1,364.39

*PD es una cobertura dental pediátrica; estos planes sólo están disponibles directamente a través de PacificSource.

EDAD	Silver 5000		Silver 5000 PD*		Bronze 7000	
	NO USUARIO DEL TABACO	USUARIO DEL TABACO	NO USUARIO DEL TABACO	USUARIO DEL TABACO	NO USUARIO DEL TABACO	USUARIO DEL TABACO
0-14	\$319.41	\$319.41	\$284.38	\$284.38	\$246.20	\$246.20
15	\$347.80	\$347.80	\$309.66	\$309.66	\$268.08	\$268.08
16	\$358.66	\$358.66	\$319.32	\$319.32	\$276.45	\$276.45
17	\$369.51	\$369.51	\$328.99	\$328.99	\$284.81	\$284.81
18	\$381.20	\$381.20	\$339.40	\$339.40	\$293.83	\$293.83
19	\$392.89	\$392.89	\$349.80	\$349.80	\$302.84	\$302.84
20	\$405.00	\$405.00	\$360.58	\$360.58	\$312.17	\$312.17
21	\$417.53	\$501.03	\$371.74	\$446.08	\$321.82	\$386.19
22	\$417.53	\$501.03	\$371.74	\$446.08	\$321.82	\$386.19
23	\$417.53	\$501.03	\$371.74	\$446.08	\$321.82	\$386.19
24	\$417.53	\$501.03	\$371.74	\$446.08	\$321.82	\$386.19
25	\$419.20	\$503.04	\$373.22	\$447.87	\$323.11	\$387.73
26	\$427.55	\$513.06	\$380.66	\$456.79	\$329.55	\$395.46
27	\$437.57	\$525.08	\$389.58	\$467.50	\$337.27	\$404.73
28	\$453.85	\$544.62	\$404.08	\$484.89	\$349.82	\$419.79
29	\$467.21	\$560.65	\$415.97	\$499.17	\$360.12	\$432.14
30	\$473.89	\$568.67	\$421.92	\$506.31	\$365.27	\$438.32
31	\$483.91	\$580.70	\$430.84	\$517.01	\$372.99	\$447.59
32	\$493.93	\$592.72	\$439.76	\$527.72	\$380.72	\$456.86
33	\$500.20	\$600.24	\$445.34	\$534.41	\$385.54	\$462.65
34	\$506.88	\$608.25	\$451.29	\$541.55	\$390.69	\$468.83
35	\$510.22	\$612.26	\$454.26	\$545.11	\$393.27	\$471.92
36	\$513.56	\$616.27	\$457.24	\$548.68	\$395.84	\$475.01
37	\$516.90	\$620.28	\$460.21	\$552.25	\$398.42	\$478.10
38	\$520.24	\$624.29	\$463.18	\$555.82	\$400.99	\$481.19
39	\$526.92	\$632.30	\$469.13	\$562.96	\$406.14	\$487.37
40	\$533.60	\$640.32	\$475.08	\$570.10	\$411.29	\$493.55
41	\$543.62	\$652.34	\$484.00	\$580.80	\$419.01	\$502.82
42	\$553.22	\$663.87	\$492.55	\$591.06	\$426.42	\$511.70
43	\$566.58	\$679.90	\$504.45	\$605.34	\$436.71	\$524.06
44	\$583.28	\$699.94	\$519.32	\$623.18	\$449.59	\$539.51
45	\$602.91	\$723.49	\$536.79	\$644.15	\$464.71	\$557.66
46	\$626.29	\$751.55	\$557.61	\$669.13	\$482.74	\$579.28
47	\$652.59	\$783.11	\$581.02	\$697.23	\$503.01	\$603.61
48	\$682.66	\$819.19	\$607.79	\$729.35	\$526.18	\$631.42
49	\$712.30	\$854.76	\$634.18	\$761.02	\$549.03	\$658.84
50	\$745.70	\$894.84	\$663.92	\$796.71	\$574.78	\$689.73
51	\$778.69	\$934.42	\$693.29	\$831.95	\$600.20	\$720.24
52	\$815.01	\$978.01	\$725.63	\$870.76	\$628.20	\$753.84
53	\$851.75	\$1,022.11	\$758.34	\$910.01	\$656.52	\$787.82
54	\$891.42	\$1,069.70	\$793.66	\$952.39	\$687.09	\$824.51
55	\$931.08	\$1,117.30	\$828.97	\$994.77	\$717.67	\$861.20
56	\$974.09	\$1,168.91	\$867.26	\$1,040.71	\$750.81	\$900.98
57	\$1,017.51	\$1,221.02	\$905.92	\$1,087.11	\$784.28	\$941.14
58	\$1,063.86	\$1,276.63	\$947.19	\$1,136.62	\$820.01	\$984.01
59	\$1,086.82	\$1,304.19	\$967.63	\$1,161.16	\$837.71	\$1,005.25
60	\$1,133.17	\$1,359.80	\$1,008.89	\$1,210.67	\$873.43	\$1,048.12
61	\$1,173.25	\$1,407.90	\$1,044.58	\$1,253.50	\$904.32	\$1,085.19
62	\$1,199.55	\$1,439.47	\$1,068.00	\$1,281.60	\$924.60	\$1,109.52
63	\$1,232.54	\$1,479.05	\$1,097.37	\$1,316.84	\$950.02	\$1,140.03
64 años o más	\$1,252.58	\$1,503.09	\$1,115.21	\$1,338.24	\$965.46	\$1,158.57

*PD es una cobertura dental pediátrica; estos planes sólo están disponibles directamente a través de PacificSource.

EDAD	Bronze 7000 PD*		Bronze HSA 7500		Bronze HSA 7500 PD*	
	NO USUARIO DEL TABACO	USUARIO DEL TABACO	NO USUARIO DEL TABACO	USUARIO DEL TABACO	NO USUARIO DEL TABACO	USUARIO DEL TABACO
0-14	\$249.15	\$249.15	\$238.52	\$238.52	\$241.38	\$241.38
15	\$271.30	\$271.30	\$259.72	\$259.72	\$262.84	\$262.84
16	\$279.76	\$279.76	\$267.83	\$267.83	\$271.04	\$271.04
17	\$288.23	\$288.23	\$275.93	\$275.93	\$279.24	\$279.24
18	\$297.35	\$297.35	\$284.66	\$284.66	\$288.08	\$288.08
19	\$306.47	\$306.47	\$293.39	\$293.39	\$296.91	\$296.91
20	\$315.92	\$315.92	\$302.44	\$302.44	\$306.06	\$306.06
21	\$325.69	\$390.82	\$311.79	\$374.15	\$315.53	\$378.64
22	\$325.69	\$390.82	\$311.79	\$374.15	\$315.53	\$378.64
23	\$325.69	\$390.82	\$311.79	\$374.15	\$315.53	\$378.64
24	\$325.69	\$390.82	\$311.79	\$374.15	\$315.53	\$378.64
25	\$326.99	\$392.39	\$313.04	\$375.64	\$316.79	\$380.15
26	\$333.50	\$400.20	\$319.27	\$383.13	\$323.10	\$387.72
27	\$341.32	\$409.58	\$326.75	\$392.11	\$330.68	\$396.81
28	\$354.02	\$424.82	\$338.91	\$406.70	\$342.98	\$411.58
29	\$364.44	\$437.33	\$348.89	\$418.67	\$353.08	\$423.69
30	\$369.65	\$443.58	\$353.88	\$424.66	\$358.13	\$429.75
31	\$377.47	\$452.96	\$361.36	\$433.64	\$365.70	\$438.84
32	\$385.29	\$462.34	\$368.85	\$442.62	\$373.27	\$447.93
33	\$390.17	\$468.21	\$373.52	\$448.23	\$378.00	\$453.61
34	\$395.38	\$474.46	\$378.51	\$454.21	\$383.05	\$459.66
35	\$397.99	\$477.59	\$381.01	\$457.21	\$385.58	\$462.69
36	\$400.59	\$480.71	\$383.50	\$460.20	\$388.10	\$465.72
37	\$403.20	\$483.84	\$385.99	\$463.19	\$390.63	\$468.75
38	\$405.80	\$486.97	\$388.49	\$466.19	\$393.15	\$471.78
39	\$411.02	\$493.22	\$393.48	\$472.17	\$398.20	\$477.84
40	\$416.23	\$499.47	\$398.47	\$478.16	\$403.25	\$483.90
41	\$424.04	\$508.85	\$405.95	\$487.14	\$410.82	\$492.98
42	\$431.53	\$517.84	\$413.12	\$495.74	\$418.08	\$501.69
43	\$441.96	\$530.35	\$423.10	\$507.72	\$428.17	\$513.81
44	\$454.98	\$545.98	\$435.57	\$522.68	\$440.80	\$528.95
45	\$470.29	\$564.35	\$450.22	\$540.27	\$455.63	\$546.75
46	\$488.53	\$586.23	\$467.68	\$561.22	\$473.29	\$567.95
47	\$509.05	\$610.86	\$487.33	\$584.79	\$493.17	\$591.81
48	\$532.50	\$639.00	\$509.77	\$611.73	\$515.89	\$619.07
49	\$555.62	\$666.74	\$531.91	\$638.29	\$538.29	\$645.95
50	\$581.68	\$698.01	\$556.85	\$668.23	\$563.54	\$676.24
51	\$607.40	\$728.89	\$581.49	\$697.78	\$588.46	\$706.16
52	\$635.74	\$762.89	\$608.61	\$730.33	\$615.91	\$739.10
53	\$664.40	\$797.28	\$636.05	\$763.26	\$643.68	\$772.42
54	\$695.34	\$834.41	\$665.67	\$798.80	\$673.66	\$808.39
55	\$726.28	\$871.54	\$695.29	\$834.35	\$703.63	\$844.36
56	\$759.83	\$911.79	\$727.40	\$872.88	\$736.13	\$883.36
57	\$793.70	\$952.44	\$759.83	\$911.80	\$768.95	\$922.74
58	\$829.85	\$995.82	\$794.44	\$953.33	\$803.97	\$964.76
59	\$847.76	\$1,017.31	\$811.59	\$973.90	\$821.32	\$985.59
60	\$883.91	\$1,060.69	\$846.19	\$1,015.43	\$856.35	\$1,027.62
61	\$915.18	\$1,098.21	\$876.13	\$1,051.35	\$886.64	\$1,063.97
62	\$935.70	\$1,122.84	\$895.77	\$1,074.92	\$906.52	\$1,087.82
63	\$961.43	\$1,153.71	\$920.40	\$1,104.48	\$931.44	\$1,117.73
64 años o más	\$977.06	\$1,172.46	\$935.37	\$1,122.44	\$946.59	\$1,135.91

*PD es una cobertura dental pediátrica; estos planes sólo están disponibles directamente a través de PacificSource.

EDAD	Cascade Gold†		Cascade Silver†		Cascade Bronze†	
	NO USUARIO DEL TABACO	USUARIO DEL TABACO	NO USUARIO DEL TABACO	USUARIO DEL TABACO	NO USUARIO DEL TABACO	USUARIO DEL TABACO
0-14	\$364.51	\$364.51	\$339.96	\$339.96	\$252.28	\$252.28
15	\$396.91	\$396.91	\$370.18	\$370.18	\$274.71	\$274.71
16	\$409.30	\$409.30	\$381.73	\$381.73	\$283.28	\$283.28
17	\$421.69	\$421.69	\$393.29	\$393.29	\$291.86	\$291.86
18	\$435.03	\$435.03	\$405.73	\$405.73	\$301.09	\$301.09
19	\$448.37	\$448.37	\$418.17	\$418.17	\$310.32	\$310.32
20	\$462.19	\$462.19	\$431.06	\$431.06	\$319.89	\$319.89
21	\$476.49	\$571.78	\$444.39	\$533.27	\$329.78	\$395.74
22	\$476.49	\$571.78	\$444.39	\$533.27	\$329.78	\$395.74
23	\$476.49	\$571.78	\$444.39	\$533.27	\$329.78	\$395.74
24	\$476.49	\$571.78	\$444.39	\$533.27	\$329.78	\$395.74
25	\$478.39	\$574.07	\$446.17	\$535.40	\$331.10	\$397.32
26	\$487.92	\$585.51	\$455.06	\$546.07	\$337.70	\$405.24
27	\$499.36	\$599.23	\$465.72	\$558.87	\$345.61	\$414.73
28	\$517.94	\$621.53	\$483.05	\$579.66	\$358.47	\$430.17
29	\$533.19	\$639.83	\$497.27	\$596.73	\$369.03	\$442.83
30	\$540.81	\$648.97	\$504.38	\$605.26	\$374.30	\$449.16
31	\$552.25	\$662.70	\$515.05	\$618.06	\$382.22	\$458.66
32	\$563.68	\$676.42	\$525.71	\$630.86	\$390.13	\$468.16
33	\$570.83	\$685.00	\$532.38	\$638.86	\$395.08	\$474.09
34	\$578.45	\$694.15	\$539.49	\$647.39	\$400.35	\$480.43
35	\$582.27	\$698.72	\$543.05	\$651.66	\$402.99	\$483.59
36	\$586.08	\$703.29	\$546.60	\$655.92	\$405.63	\$486.76
37	\$589.89	\$707.87	\$550.16	\$660.19	\$408.27	\$489.92
38	\$593.70	\$712.44	\$553.71	\$664.45	\$410.91	\$493.09
39	\$601.33	\$721.59	\$560.82	\$672.99	\$416.18	\$499.42
40	\$608.95	\$730.74	\$567.93	\$681.52	\$421.46	\$505.75
41	\$620.39	\$744.46	\$578.60	\$694.32	\$429.38	\$515.25
42	\$631.34	\$757.61	\$588.82	\$706.58	\$436.96	\$524.35
43	\$646.59	\$775.91	\$603.04	\$723.65	\$447.51	\$537.02
44	\$665.65	\$798.78	\$620.81	\$744.98	\$460.70	\$552.85
45	\$688.05	\$825.66	\$641.70	\$770.04	\$476.20	\$571.45
46	\$714.73	\$857.68	\$666.59	\$799.90	\$494.67	\$593.61
47	\$744.75	\$893.70	\$694.58	\$833.50	\$515.45	\$618.54
48	\$779.06	\$934.87	\$726.58	\$871.90	\$539.19	\$647.03
49	\$812.89	\$975.46	\$758.13	\$909.76	\$562.61	\$675.13
50	\$851.01	\$1,021.21	\$793.68	\$952.42	\$588.99	\$706.79
51	\$888.65	\$1,066.38	\$828.79	\$994.55	\$615.04	\$738.05
52	\$930.10	\$1,116.12	\$867.45	\$1,040.94	\$643.73	\$772.48
53	\$972.03	\$1,166.44	\$906.56	\$1,087.87	\$672.75	\$807.31
54	\$1,017.30	\$1,220.76	\$948.78	\$1,138.53	\$704.08	\$844.90
55	\$1,062.57	\$1,275.08	\$990.99	\$1,189.19	\$735.41	\$882.50
56	\$1,111.64	\$1,333.97	\$1,036.76	\$1,244.12	\$769.38	\$923.26
57	\$1,161.20	\$1,393.44	\$1,082.98	\$1,299.58	\$803.68	\$964.41
58	\$1,214.09	\$1,456.91	\$1,132.31	\$1,358.77	\$840.28	\$1,008.34
59	\$1,240.29	\$1,488.35	\$1,156.75	\$1,388.10	\$858.42	\$1,030.11
60	\$1,293.18	\$1,551.82	\$1,206.08	\$1,447.29	\$895.03	\$1,074.03
61	\$1,338.93	\$1,606.71	\$1,248.74	\$1,498.49	\$926.69	\$1,112.02
62	\$1,368.95	\$1,642.74	\$1,276.74	\$1,532.08	\$947.46	\$1,136.95
63	\$1,406.59	\$1,687.91	\$1,311.84	\$1,574.21	\$973.51	\$1,168.22
64 años o más	\$1,429.46	\$1,715.34	\$1,333.17	\$1,599.81	\$989.34	\$1,187.21

†Sólo disponible en Washington Healthplanfinder.

Ayuda con la accesibilidad: Si usted necesita ayuda para leer estas tablas o el resto del documento, por favor llámenos al 888-977-9299, TTY: 711. Aceptamos llamadas del servicio de retransmisión.

Tarifas de los Planes Dentales

Los planes están disponibles en los condados de Clark, Pierce, Spokane y Thurston a través de Washington Healthplanfinder y directamente con PacificSource.

Dental PPO 0-20-50 1000		Dental PPO 0-20-50 1500		Kids Dental PPO 0-20-50** Disponible solamente a través del Mercado (cobertura para miembros de 18 años de edad y menores)	
EDAD	PRIMA	EDAD	PRIMA	EDAD	PRIMA
0 a 18	\$43	0 a 18	\$43	0 a 18	\$43
19 a 24	\$36	19 a 20	\$42	19 a 24	-
25 a 29	\$36	21 a 24	\$42	25 a 29	-
30 a 34	\$36	25 a 29	\$42	30 a 34	-
35 a 39	\$36	30 a 34	\$42	35 a 39	-
40 a 44	\$36	35 a 39	\$42	40 a 44	-
45 a 49	\$36	40 a 44	\$42	45 a 49	-
50 a 54	\$36	45 a 49	\$42	50 a 54	-
55 a 59	\$36	50 a 54	\$42	55 a 59	-
60 a 64	\$36	55 a 60	\$42	60 a 64	-
65+	\$36	61 a 64	\$42	65+	-

**Solamente puede contratarse durante el periodo de inscripciones abiertas o un periodo de inscripción especial.