

November 2017

IMPORTANT NOTICE

- Re: - Premium Rate Change Effective January 1, 2018**
- Eligibility Verification Form Due December 15, 2017
- Standard Plans Discontinued for 2018
- How to Renew or Enroll in New Coverage for 2018

Your Current Plan is:

«Plan»

Dear «First»,

This letter contains important information about your **premium rate change effective January 1, 2018** and Eligibility Verification Form that must be returned to us by December 15 to renew WSHIP coverage.

We have also included information about how to buy new coverage from the Washington Healthplanfinder or directly from an insurance company. You cannot be turned down or charged more due to pre-existing conditions, and premiums may be less than WSHIP. Your savings may be even greater if you qualify for federal tax credits for coverage purchased from the Washington Healthplanfinder.

Please read this information carefully and contact us at **1-800-877-5187** if you have any questions.

2018 WSHIP Premium Rates

Your WSHIP monthly premium rate will be changing effective January 1, 2018. The following is important information about our 2018 rates:

- All rates have been calculated in accordance with Washington State law (RCW 48.41.200).
- Rates for WSHIP Preferred Provider Plans continue to be set as low as the law will allow.
- Rates are segmented into five geographic regions within the State of Washington.
- Please consult the **enclosed rate chart** to locate the rates for WSHIP plans available in 2018. Your rate will be based on plan selection, geographic location, age, and tobacco-use status.

Eligibility Verification Form Due December 15, 2017

WSHIP is required to verify continued eligibility of all enrollees. This eligibility verification requirement is combined with our yearly rate notice to simplify the process of returning this information to us. Please return the enclosed purple form by December 15.

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WSHIP Standard Plans Discontinued

WSHIP Standard Plans will not be available in 2018, and coverage for individuals currently enrolled in a WSHIP Standard Plan will automatically end on December 31, 2017. Enrollees have the option of enrolling in a WSHIP Preferred Provider Plan or buying new coverage from the Washington Healthplanfinder or private market. To avoid a gap in coverage, enrollment in a new plan must be made by December 15.

How to Renew or Buy New Coverage for 2018

If you are currently enrolled in a WSHIP Preferred Provider Plan, you have the option to renew your current WSHIP plan, change to a new WSHIP plan (some restrictions apply) or buy new coverage from the Washington Healthplanfinder or private market.

If you are currently enrolled in a WSHIP Standard Plan, your WSHIP coverage will automatically end on December 31, 2017. You must enroll in a new plan by December 15 to avoid a gap in coverage. You have the option to enroll in a WSHIP Preferred Provider plan, or buy new coverage from the Washington Healthplanfinder or private market.

In making your choice, please consider the following information:

- **WSHIP premiums are higher**
 - By law, WSHIP premiums are generally higher than premiums in the market so we encourage you to explore all of your coverage options. You can't be turned down or charged more because you have a pre-existing condition.
 - Your savings may be even greater if you qualify for federal tax credits available for coverage purchased through the Washington Healthplanfinder.
- **December 15 is the deadline for January 1, 2018 coverage**
 - You must renew or enroll in new coverage by December 15 for a January 1 effective date.
 - Open enrollment for the Washington Healthplanfinder or when buying from an insurance company begins November 1. WSHIP's open enrollment begins November 15.
- **If you cancel your WSHIP coverage or it is terminated, you may not be able to re-enroll in WSHIP**
 - You can only re-enroll in WSHIP if an individual health plan is not offered in your county during defined open enrollment or special enrollment periods or you become eligible for WSHIP's Medicare plan. Generally, you must also wait until 12 months have elapsed since your WSHIP termination to re-enroll.
- **Check to see if you are eligible for Medicaid (also called "Apple Health")**
 - Medicaid is the joint state-federal government health insurance program for lower-income individuals. It was expanded in our state as part of the Affordable Care Act.
 - If you are eligible for Medicaid, you are no longer eligible for WSHIP coverage. To avoid a retroactive cancellation of your WSHIP coverage, please be sure to check your eligibility for Medicaid if you think you may qualify.
 - There is no open enrollment period for Medicaid, so you can apply throughout the year. You can submit a single application through Washington Healthplanfinder to find out if you are eligible for Medicaid or federal tax credits. For more information about Medicaid, please visit www.hca.wa.gov or www.wahealthplanfinder.org.

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Steps for Renewing, Changing, or Buying New Coverage For 2018	
Step 1	Review the enclosed WSHIP 2018 Monthly Premium Rates.
Step 2	Find out if you are eligible for Medicaid or federal tax credits for plans offered through Washington Healthplanfinder. Call 1-855-923-4633 or visit www.wahealthplanfinder.org .
Step 3	Compare your options. Compare your WSHIP coverage and premium to coverage options available through Washington Healthplanfinder or directly from insurance companies. When comparing plans, be sure to also look at their provider network and prescription drug formulary. Out-of-pocket costs can be substantially higher if you use out-of-network providers or non-formulary prescription drugs. If you have questions, please contact your insurance agent or broker, or call the Washington Healthplanfinder at 1-855-923-4633 or WSHIP Customer Service at 1-800-877-5187.
Step 4	To renew WSHIP coverage or change WSHIP plans: <ol style="list-style-type: none">1. Fill out and return the enclosed (purple) Eligibility Verification Form <u>by December 15</u>.2. If you want to change to a different WSHIP plan, also fill out and return the enclosed (pink) Plan Change Form <u>by December 15</u>. <p><u>OR</u></p> <p>To cancel your WSHIP coverage and buy new coverage:</p> <p>Please use the enclosed postage-paid return envelope to let us know you are cancelling your WSHIP coverage. If we do not receive notice of cancellation, your coverage will be renewed pending receipt of your Eligibility Verification Form.</p>

Questions?

If you have questions or need assistance during this year's WSHIP open enrollment, please call WSHIP Customer Service at **1-800-877-5187** or visit our website at www.wship.org. Information for Washington Healthplanfinder is available at www.wahealthplanfinder.org or by calling 1-855-923-4633.

Enclosures:

- **2018 WSHIP Premium Rates**
- **Eligibility Verification Form** (Purple Paper) – **RETURN by December 15**
- **Plan Change Form** (Pink Paper) – **RETURN by December 15** along with your Eligibility Verification Form if you would like to change WSHIP plans. This form may also be used to report any changes to your address or telephone number; simply draw a line through any incorrect information and write the correct information next to it.
- **Personalized Schedule of Benefits**
- **2018 Benefit Plans Summary and Comparison Chart**
- **Return Envelope**

IMPORTANT REMINDERS!

December 15 is the deadline to return WSHIP Eligibility Verification Form and Plan Change Form.

Standard Plan enrollees must enroll in new plan by December 15 to avoid a gap in coverage.

**Washington State Health Insurance Pool (WSHIP)
2018 Monthly Premium Rates**

PREFERRED PROVIDER PLANS (PPO Plans)

Area 1: King County

Age	Non-Smoker Rates					Smoker Rates				
	Deductible					Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000 HSA	\$500	\$1,000	\$2,500	\$5,000	\$3000 HSA
0-14	\$858	\$791	\$431	\$370	\$411	\$858	\$791	\$431	\$370	\$411
15	\$934	\$861	\$469	\$403	\$448	\$934	\$861	\$469	\$403	\$448
16	\$963	\$888	\$484	\$415	\$461	\$963	\$888	\$484	\$415	\$461
17	\$992	\$915	\$499	\$428	\$475	\$992	\$915	\$499	\$428	\$475
18	\$1,024	\$944	\$514	\$442	\$490	\$1,024	\$944	\$514	\$442	\$490
19	\$1,055	\$973	\$530	\$455	\$506	\$1,055	\$973	\$530	\$455	\$506
20	\$1,087	\$1,003	\$546	\$469	\$521	\$1,087	\$1,003	\$546	\$469	\$521
21	\$1,121	\$1,034	\$563	\$484	\$537	\$1,244	\$1,147	\$625	\$537	\$596
22	\$1,121	\$1,034	\$563	\$484	\$537	\$1,244	\$1,147	\$625	\$537	\$596
23	\$1,121	\$1,034	\$563	\$484	\$537	\$1,244	\$1,147	\$625	\$537	\$596
24	\$1,121	\$1,034	\$563	\$484	\$537	\$1,244	\$1,147	\$625	\$537	\$596
25	\$1,126	\$1,038	\$566	\$486	\$539	\$1,249	\$1,152	\$628	\$539	\$598
26	\$1,148	\$1,059	\$577	\$495	\$550	\$1,274	\$1,175	\$640	\$550	\$610
27	\$1,175	\$1,083	\$590	\$507	\$563	\$1,304	\$1,202	\$655	\$562	\$625
28	\$1,219	\$1,124	\$612	\$526	\$584	\$1,352	\$1,247	\$679	\$583	\$648
29	\$1,254	\$1,157	\$630	\$541	\$601	\$1,392	\$1,284	\$699	\$601	\$667
30	\$1,272	\$1,173	\$639	\$549	\$610	\$1,412	\$1,302	\$709	\$609	\$677
31	\$1,299	\$1,198	\$653	\$561	\$623	\$1,442	\$1,329	\$724	\$622	\$691
32	\$1,326	\$1,223	\$666	\$572	\$636	\$1,472	\$1,357	\$739	\$635	\$705
33	\$1,343	\$1,238	\$675	\$579	\$644	\$1,490	\$1,374	\$749	\$643	\$714
34	\$1,361	\$1,255	\$684	\$587	\$652	\$1,510	\$1,393	\$759	\$651	\$724
35	\$1,370	\$1,263	\$688	\$591	\$656	\$1,520	\$1,402	\$764	\$656	\$728
36	\$1,379	\$1,272	\$693	\$595	\$661	\$1,530	\$1,411	\$769	\$660	\$733
37	\$1,388	\$1,280	\$697	\$599	\$665	\$1,540	\$1,420	\$774	\$664	\$738
38	\$1,397	\$1,288	\$702	\$603	\$669	\$1,550	\$1,429	\$779	\$669	\$743
39	\$1,415	\$1,305	\$711	\$610	\$678	\$1,570	\$1,448	\$789	\$677	\$752
40	\$1,433	\$1,321	\$720	\$618	\$687	\$1,590	\$1,466	\$799	\$686	\$762
41	\$1,460	\$1,346	\$733	\$630	\$699	\$1,620	\$1,493	\$814	\$699	\$776
42	\$1,485	\$1,370	\$746	\$641	\$712	\$1,648	\$1,520	\$828	\$711	\$790
43	\$1,521	\$1,403	\$764	\$656	\$729	\$1,688	\$1,557	\$848	\$728	\$809
44	\$1,566	\$1,444	\$787	\$676	\$751	\$1,738	\$1,602	\$873	\$750	\$833
45	\$1,619	\$1,493	\$813	\$698	\$776	\$1,796	\$1,656	\$903	\$775	\$861
46	\$1,682	\$1,551	\$845	\$725	\$806	\$1,866	\$1,721	\$938	\$805	\$894
47	\$1,752	\$1,616	\$880	\$756	\$840	\$1,944	\$1,793	\$977	\$839	\$932
48	\$1,833	\$1,690	\$921	\$791	\$878	\$2,034	\$1,875	\$1,022	\$877	\$975
49	\$1,913	\$1,764	\$961	\$825	\$917	\$2,122	\$1,957	\$1,066	\$916	\$1,017
50	\$2,002	\$1,846	\$1,006	\$864	\$959	\$2,222	\$2,049	\$1,116	\$958	\$1,065
51	\$2,091	\$1,928	\$1,051	\$902	\$1,002	\$2,320	\$2,139	\$1,166	\$1,001	\$1,112
52	\$2,188	\$2,018	\$1,100	\$944	\$1,049	\$2,428	\$2,239	\$1,220	\$1,048	\$1,164
53	\$2,287	\$2,109	\$1,149	\$987	\$1,096	\$2,537	\$2,340	\$1,275	\$1,095	\$1,216
54	\$2,393	\$2,207	\$1,203	\$1,033	\$1,147	\$2,656	\$2,449	\$1,334	\$1,146	\$1,273
55	\$2,500	\$2,305	\$1,256	\$1,079	\$1,198	\$2,774	\$2,558	\$1,394	\$1,197	\$1,329
56	\$2,615	\$2,412	\$1,314	\$1,128	\$1,253	\$2,902	\$2,676	\$1,458	\$1,252	\$1,391
57	\$2,732	\$2,519	\$1,373	\$1,179	\$1,309	\$3,031	\$2,795	\$1,523	\$1,308	\$1,453
58	\$2,856	\$2,634	\$1,435	\$1,232	\$1,369	\$3,169	\$2,923	\$1,593	\$1,367	\$1,519
59	\$2,918	\$2,691	\$1,466	\$1,259	\$1,398	\$3,238	\$2,986	\$1,627	\$1,397	\$1,552
60	\$3,043	\$2,806	\$1,529	\$1,313	\$1,458	\$3,376	\$3,113	\$1,696	\$1,456	\$1,618
61	\$3,150	\$2,905	\$1,583	\$1,359	\$1,510	\$3,495	\$3,223	\$1,756	\$1,508	\$1,675
62	\$3,221	\$2,970	\$1,618	\$1,390	\$1,543	\$3,574	\$3,295	\$1,796	\$1,542	\$1,713
63	\$3,309	\$3,052	\$1,663	\$1,428	\$1,586	\$3,672	\$3,386	\$1,845	\$1,584	\$1,760
64	\$3,363	\$3,101	\$1,690	\$1,451	\$1,612	\$3,732	\$3,441	\$1,875	\$1,610	\$1,788
65+	\$3,363	\$3,101	\$1,690	\$1,451	\$1,612	\$3,732	\$3,441	\$1,875	\$1,610	\$1,788

Effective January 1, 2018

**Washington State Health Insurance Pool (WSHIP)
2018 Monthly Premium Rates**

PREFERRED PROVIDER PLANS (PPO Plans)

Area 2: Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston, Wahkiakum, Whatcom Counties

Age	Non-Smoker Rates Deductible					Smoker Rates Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000 HSA	\$500	\$1,000	\$2,500	\$5,000	\$3000 HSA
0-14	\$891	\$822	\$444	\$358	\$416	\$891	\$822	\$444	\$358	\$416
15	\$970	\$895	\$484	\$389	\$453	\$970	\$895	\$484	\$389	\$453
16	\$1,000	\$923	\$499	\$401	\$467	\$1,000	\$923	\$499	\$401	\$467
17	\$1,031	\$950	\$514	\$414	\$481	\$1,031	\$950	\$514	\$414	\$481
18	\$1,063	\$981	\$530	\$427	\$496	\$1,063	\$981	\$530	\$427	\$496
19	\$1,096	\$1,011	\$546	\$440	\$512	\$1,096	\$1,011	\$546	\$440	\$512
20	\$1,130	\$1,042	\$563	\$453	\$527	\$1,130	\$1,042	\$563	\$453	\$527
21	\$1,165	\$1,074	\$581	\$467	\$544	\$1,285	\$1,185	\$641	\$516	\$600
22	\$1,165	\$1,074	\$581	\$467	\$544	\$1,285	\$1,185	\$641	\$516	\$600
23	\$1,165	\$1,074	\$581	\$467	\$544	\$1,285	\$1,185	\$641	\$516	\$600
24	\$1,165	\$1,074	\$581	\$467	\$544	\$1,285	\$1,185	\$641	\$516	\$600
25	\$1,169	\$1,078	\$583	\$469	\$546	\$1,290	\$1,190	\$643	\$518	\$602
26	\$1,193	\$1,100	\$595	\$479	\$557	\$1,316	\$1,213	\$656	\$528	\$614
27	\$1,221	\$1,126	\$609	\$490	\$570	\$1,347	\$1,242	\$671	\$540	\$629
28	\$1,266	\$1,167	\$631	\$508	\$591	\$1,397	\$1,288	\$696	\$560	\$652
29	\$1,303	\$1,202	\$650	\$523	\$608	\$1,438	\$1,326	\$717	\$577	\$671
30	\$1,322	\$1,219	\$659	\$530	\$617	\$1,458	\$1,345	\$727	\$585	\$681
31	\$1,350	\$1,245	\$673	\$542	\$630	\$1,489	\$1,373	\$743	\$598	\$695
32	\$1,378	\$1,271	\$687	\$553	\$643	\$1,520	\$1,402	\$758	\$610	\$710
33	\$1,395	\$1,287	\$696	\$560	\$651	\$1,539	\$1,419	\$767	\$618	\$719
34	\$1,414	\$1,304	\$705	\$567	\$660	\$1,560	\$1,438	\$778	\$626	\$728
35	\$1,423	\$1,312	\$710	\$571	\$664	\$1,570	\$1,448	\$783	\$630	\$733
36	\$1,433	\$1,321	\$714	\$575	\$669	\$1,580	\$1,457	\$788	\$634	\$738
37	\$1,442	\$1,330	\$719	\$579	\$673	\$1,591	\$1,467	\$793	\$638	\$743
38	\$1,451	\$1,338	\$724	\$582	\$678	\$1,601	\$1,476	\$798	\$642	\$747
39	\$1,470	\$1,355	\$733	\$590	\$686	\$1,622	\$1,495	\$808	\$651	\$757
40	\$1,488	\$1,373	\$742	\$597	\$695	\$1,642	\$1,514	\$819	\$659	\$767
41	\$1,516	\$1,398	\$756	\$608	\$708	\$1,673	\$1,543	\$834	\$671	\$781
42	\$1,543	\$1,423	\$769	\$619	\$720	\$1,702	\$1,570	\$849	\$683	\$795
43	\$1,580	\$1,457	\$788	\$634	\$738	\$1,744	\$1,608	\$869	\$700	\$814
44	\$1,627	\$1,500	\$811	\$653	\$760	\$1,795	\$1,655	\$895	\$720	\$838
45	\$1,682	\$1,551	\$839	\$675	\$785	\$1,855	\$1,711	\$925	\$744	\$866
46	\$1,747	\$1,611	\$871	\$701	\$816	\$1,927	\$1,777	\$961	\$773	\$900
47	\$1,820	\$1,679	\$908	\$730	\$850	\$2,008	\$1,852	\$1,001	\$806	\$938
48	\$1,904	\$1,756	\$949	\$764	\$889	\$2,101	\$1,937	\$1,047	\$843	\$981
49	\$1,987	\$1,832	\$991	\$797	\$928	\$2,192	\$2,021	\$1,093	\$880	\$1,023
50	\$2,080	\$1,918	\$1,037	\$835	\$971	\$2,295	\$2,116	\$1,144	\$921	\$1,071
51	\$2,172	\$2,003	\$1,083	\$872	\$1,014	\$2,396	\$2,210	\$1,195	\$962	\$1,119
52	\$2,273	\$2,096	\$1,134	\$912	\$1,061	\$2,508	\$2,313	\$1,251	\$1,006	\$1,171
53	\$2,376	\$2,191	\$1,185	\$953	\$1,109	\$2,621	\$2,417	\$1,307	\$1,052	\$1,224
54	\$2,487	\$2,293	\$1,240	\$998	\$1,161	\$2,743	\$2,530	\$1,368	\$1,101	\$1,281
55	\$2,597	\$2,395	\$1,295	\$1,042	\$1,213	\$2,865	\$2,642	\$1,429	\$1,150	\$1,338
56	\$2,717	\$2,506	\$1,355	\$1,090	\$1,269	\$2,998	\$2,764	\$1,495	\$1,203	\$1,400
57	\$2,838	\$2,617	\$1,415	\$1,139	\$1,325	\$3,131	\$2,887	\$1,561	\$1,256	\$1,462
58	\$2,968	\$2,737	\$1,480	\$1,191	\$1,385	\$3,274	\$3,019	\$1,632	\$1,314	\$1,528
59	\$3,032	\$2,796	\$1,512	\$1,216	\$1,415	\$3,345	\$3,084	\$1,668	\$1,342	\$1,561
60	\$3,161	\$2,915	\$1,576	\$1,268	\$1,476	\$3,487	\$3,216	\$1,739	\$1,399	\$1,628
61	\$3,273	\$3,018	\$1,632	\$1,313	\$1,528	\$3,610	\$3,329	\$1,800	\$1,449	\$1,686
62	\$3,346	\$3,086	\$1,668	\$1,343	\$1,562	\$3,691	\$3,404	\$1,841	\$1,481	\$1,723
63	\$3,438	\$3,170	\$1,714	\$1,380	\$1,605	\$3,793	\$3,498	\$1,891	\$1,522	\$1,771
64	\$3,494	\$3,222	\$1,742	\$1,402	\$1,631	\$3,855	\$3,555	\$1,922	\$1,547	\$1,800
65+	\$3,494	\$3,222	\$1,742	\$1,402	\$1,631	\$3,855	\$3,555	\$1,922	\$1,547	\$1,800

**Washington State Health Insurance Pool (WSHIP)
2018 Monthly Premium Rates**

PREFERRED PROVIDER PLANS (PPO Plans)

Area 3: Clark, Klickitat, Skamania Counties

Age	Non-Smoker Rates Deductible					Smoker Rates Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000 HSA	\$500	\$1,000	\$2,500	\$5,000	\$3000 HSA
0-14	\$919	\$847	\$443	\$386	\$427	\$919	\$847	\$443	\$386	\$427
15	\$1,001	\$923	\$482	\$420	\$465	\$1,001	\$923	\$482	\$420	\$465
16	\$1,032	\$952	\$497	\$433	\$480	\$1,032	\$952	\$497	\$433	\$480
17	\$1,063	\$980	\$512	\$446	\$494	\$1,063	\$980	\$512	\$446	\$494
18	\$1,097	\$1,011	\$529	\$460	\$510	\$1,097	\$1,011	\$529	\$460	\$510
19	\$1,130	\$1,042	\$545	\$474	\$526	\$1,130	\$1,042	\$545	\$474	\$526
20	\$1,165	\$1,075	\$562	\$489	\$542	\$1,165	\$1,075	\$562	\$489	\$542
21	\$1,201	\$1,108	\$579	\$504	\$559	\$1,297	\$1,196	\$625	\$544	\$603
22	\$1,201	\$1,108	\$579	\$504	\$559	\$1,297	\$1,196	\$625	\$544	\$603
23	\$1,201	\$1,108	\$579	\$504	\$559	\$1,297	\$1,196	\$625	\$544	\$603
24	\$1,201	\$1,108	\$579	\$504	\$559	\$1,297	\$1,196	\$625	\$544	\$603
25	\$1,206	\$1,112	\$581	\$506	\$561	\$1,302	\$1,201	\$628	\$546	\$606
26	\$1,230	\$1,134	\$593	\$516	\$572	\$1,328	\$1,225	\$640	\$557	\$618
27	\$1,259	\$1,161	\$607	\$528	\$586	\$1,359	\$1,253	\$655	\$570	\$632
28	\$1,306	\$1,204	\$629	\$548	\$607	\$1,410	\$1,300	\$679	\$591	\$656
29	\$1,344	\$1,240	\$648	\$564	\$625	\$1,451	\$1,338	\$699	\$609	\$675
30	\$1,363	\$1,257	\$657	\$572	\$634	\$1,472	\$1,357	\$709	\$618	\$685
31	\$1,392	\$1,284	\$671	\$584	\$648	\$1,503	\$1,386	\$724	\$631	\$699
32	\$1,421	\$1,310	\$685	\$596	\$661	\$1,534	\$1,415	\$739	\$644	\$714
33	\$1,439	\$1,327	\$694	\$604	\$669	\$1,554	\$1,433	\$749	\$652	\$723
34	\$1,458	\$1,345	\$703	\$612	\$678	\$1,574	\$1,452	\$759	\$661	\$732
35	\$1,468	\$1,354	\$708	\$616	\$683	\$1,585	\$1,461	\$764	\$665	\$737
36	\$1,478	\$1,363	\$712	\$620	\$687	\$1,595	\$1,471	\$769	\$669	\$742
37	\$1,487	\$1,371	\$717	\$624	\$692	\$1,605	\$1,480	\$774	\$674	\$747
38	\$1,497	\$1,380	\$721	\$628	\$696	\$1,616	\$1,490	\$779	\$678	\$752
39	\$1,516	\$1,398	\$731	\$636	\$705	\$1,637	\$1,509	\$789	\$687	\$761
40	\$1,535	\$1,416	\$740	\$644	\$714	\$1,657	\$1,528	\$799	\$695	\$771
41	\$1,564	\$1,442	\$754	\$656	\$727	\$1,688	\$1,557	\$814	\$708	\$785
42	\$1,592	\$1,468	\$767	\$668	\$740	\$1,718	\$1,584	\$828	\$721	\$799
43	\$1,630	\$1,503	\$786	\$684	\$758	\$1,760	\$1,623	\$848	\$738	\$819
44	\$1,678	\$1,548	\$809	\$704	\$781	\$1,812	\$1,671	\$873	\$760	\$843
45	\$1,735	\$1,600	\$836	\$728	\$807	\$1,873	\$1,727	\$903	\$786	\$871
46	\$1,802	\$1,662	\$869	\$756	\$838	\$1,945	\$1,794	\$938	\$816	\$905
47	\$1,878	\$1,731	\$905	\$788	\$873	\$2,027	\$1,869	\$977	\$851	\$943
48	\$1,964	\$1,811	\$947	\$824	\$914	\$2,120	\$1,955	\$1,022	\$890	\$986
49	\$2,049	\$1,890	\$988	\$860	\$953	\$2,212	\$2,040	\$1,066	\$928	\$1,029
50	\$2,145	\$1,978	\$1,034	\$900	\$998	\$2,316	\$2,136	\$1,116	\$972	\$1,077
51	\$2,240	\$2,066	\$1,080	\$940	\$1,042	\$2,419	\$2,230	\$1,166	\$1,015	\$1,125
52	\$2,345	\$2,162	\$1,130	\$984	\$1,091	\$2,531	\$2,334	\$1,220	\$1,062	\$1,177
53	\$2,451	\$2,260	\$1,181	\$1,028	\$1,140	\$2,645	\$2,440	\$1,275	\$1,110	\$1,230
54	\$2,565	\$2,365	\$1,236	\$1,076	\$1,193	\$2,769	\$2,553	\$1,335	\$1,162	\$1,288
55	\$2,679	\$2,470	\$1,291	\$1,124	\$1,246	\$2,892	\$2,667	\$1,394	\$1,213	\$1,345
56	\$2,803	\$2,584	\$1,351	\$1,176	\$1,304	\$3,025	\$2,790	\$1,458	\$1,270	\$1,407
57	\$2,928	\$2,700	\$1,411	\$1,228	\$1,362	\$3,160	\$2,914	\$1,523	\$1,326	\$1,470
58	\$3,061	\$2,823	\$1,475	\$1,284	\$1,424	\$3,304	\$3,047	\$1,593	\$1,387	\$1,537
59	\$3,127	\$2,884	\$1,507	\$1,312	\$1,454	\$3,376	\$3,113	\$1,627	\$1,416	\$1,570
60	\$3,260	\$3,006	\$1,572	\$1,368	\$1,516	\$3,519	\$3,246	\$1,696	\$1,477	\$1,637
61	\$3,376	\$3,113	\$1,627	\$1,416	\$1,570	\$3,644	\$3,360	\$1,756	\$1,529	\$1,695
62	\$3,451	\$3,183	\$1,664	\$1,448	\$1,605	\$3,726	\$3,436	\$1,796	\$1,563	\$1,733
63	\$3,546	\$3,270	\$1,709	\$1,488	\$1,649	\$3,828	\$3,530	\$1,845	\$1,606	\$1,781
64	\$3,604	\$3,323	\$1,737	\$1,512	\$1,676	\$3,890	\$3,588	\$1,875	\$1,632	\$1,810
65+	\$3,604	\$3,323	\$1,737	\$1,512	\$1,676	\$3,890	\$3,588	\$1,875	\$1,632	\$1,810

Effective January 1, 2018

**Washington State Health Insurance Pool (WSHIP)
2018 Monthly Premium Rates**

PREFERRED PROVIDER PLANS (PPO Plans)

Area 4: Ferry, Lincoln, Pend Oreille, Spokane, Stevens

Age	Non-Smoker Rates Deductible					Smoker Rates Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000 HSA	\$500	\$1,000	\$2,500	\$5,000	\$3,000 HSA
0-14	\$854	\$787	\$422	\$345	\$397	\$854	\$787	\$422	\$345	\$397
15	\$930	\$857	\$460	\$375	\$433	\$930	\$857	\$460	\$375	\$433
16	\$959	\$884	\$474	\$387	\$446	\$959	\$884	\$474	\$387	\$446
17	\$988	\$911	\$488	\$399	\$460	\$988	\$911	\$488	\$399	\$460
18	\$1,019	\$940	\$504	\$411	\$474	\$1,019	\$940	\$504	\$411	\$474
19	\$1,050	\$969	\$519	\$424	\$489	\$1,050	\$969	\$519	\$424	\$489
20	\$1,083	\$998	\$535	\$437	\$504	\$1,083	\$998	\$535	\$437	\$504
21	\$1,116	\$1,029	\$552	\$451	\$519	\$1,231	\$1,135	\$609	\$497	\$573
22	\$1,116	\$1,029	\$552	\$451	\$519	\$1,231	\$1,135	\$609	\$497	\$573
23	\$1,116	\$1,029	\$552	\$451	\$519	\$1,231	\$1,135	\$609	\$497	\$573
24	\$1,116	\$1,029	\$552	\$451	\$519	\$1,231	\$1,135	\$609	\$497	\$573
25	\$1,121	\$1,033	\$554	\$452	\$522	\$1,236	\$1,140	\$611	\$499	\$575
26	\$1,143	\$1,054	\$565	\$461	\$532	\$1,261	\$1,163	\$623	\$509	\$587
27	\$1,170	\$1,079	\$578	\$472	\$544	\$1,290	\$1,190	\$638	\$521	\$601
28	\$1,213	\$1,119	\$600	\$490	\$565	\$1,338	\$1,234	\$662	\$540	\$623
29	\$1,249	\$1,152	\$617	\$504	\$581	\$1,378	\$1,271	\$681	\$556	\$641
30	\$1,267	\$1,168	\$626	\$512	\$590	\$1,398	\$1,289	\$691	\$564	\$650
31	\$1,294	\$1,193	\$639	\$522	\$602	\$1,427	\$1,316	\$705	\$576	\$664
32	\$1,320	\$1,218	\$653	\$533	\$615	\$1,457	\$1,343	\$720	\$588	\$678
33	\$1,337	\$1,233	\$661	\$540	\$622	\$1,475	\$1,360	\$729	\$596	\$687
34	\$1,355	\$1,250	\$670	\$547	\$631	\$1,495	\$1,378	\$739	\$604	\$696
35	\$1,364	\$1,258	\$674	\$551	\$635	\$1,505	\$1,388	\$744	\$608	\$700
36	\$1,373	\$1,266	\$679	\$554	\$639	\$1,515	\$1,397	\$749	\$612	\$705
37	\$1,382	\$1,274	\$683	\$558	\$643	\$1,524	\$1,406	\$753	\$616	\$709
38	\$1,391	\$1,282	\$687	\$562	\$647	\$1,534	\$1,415	\$758	\$619	\$714
39	\$1,409	\$1,299	\$696	\$569	\$656	\$1,554	\$1,433	\$768	\$627	\$723
40	\$1,426	\$1,315	\$705	\$576	\$664	\$1,574	\$1,451	\$778	\$635	\$732
41	\$1,453	\$1,340	\$718	\$587	\$676	\$1,603	\$1,478	\$792	\$647	\$746
42	\$1,479	\$1,364	\$731	\$597	\$688	\$1,632	\$1,505	\$806	\$659	\$759
43	\$1,515	\$1,397	\$749	\$612	\$705	\$1,671	\$1,541	\$826	\$675	\$778
44	\$1,559	\$1,438	\$771	\$630	\$726	\$1,720	\$1,586	\$850	\$695	\$801
45	\$1,612	\$1,486	\$797	\$651	\$750	\$1,778	\$1,640	\$879	\$718	\$827
46	\$1,674	\$1,544	\$827	\$676	\$779	\$1,847	\$1,703	\$913	\$746	\$860
47	\$1,745	\$1,609	\$862	\$704	\$812	\$1,925	\$1,775	\$951	\$777	\$896
48	\$1,825	\$1,683	\$902	\$737	\$849	\$2,013	\$1,857	\$995	\$813	\$937
49	\$1,904	\$1,756	\$941	\$769	\$886	\$2,101	\$1,937	\$1,038	\$848	\$978
50	\$1,993	\$1,838	\$985	\$805	\$928	\$2,199	\$2,028	\$1,087	\$888	\$1,023
51	\$2,082	\$1,920	\$1,029	\$840	\$969	\$2,296	\$2,118	\$1,135	\$927	\$1,069
52	\$2,179	\$2,009	\$1,077	\$880	\$1,014	\$2,404	\$2,216	\$1,188	\$970	\$1,119
53	\$2,277	\$2,100	\$1,125	\$919	\$1,060	\$2,512	\$2,316	\$1,242	\$1,014	\$1,169
54	\$2,383	\$2,197	\$1,178	\$962	\$1,109	\$2,629	\$2,424	\$1,299	\$1,061	\$1,223
55	\$2,489	\$2,295	\$1,230	\$1,005	\$1,158	\$2,746	\$2,532	\$1,357	\$1,109	\$1,278
56	\$2,604	\$2,401	\$1,287	\$1,051	\$1,212	\$2,873	\$2,649	\$1,420	\$1,160	\$1,337
57	\$2,720	\$2,508	\$1,344	\$1,098	\$1,266	\$3,001	\$2,767	\$1,483	\$1,212	\$1,397
58	\$2,844	\$2,623	\$1,406	\$1,148	\$1,324	\$3,137	\$2,893	\$1,551	\$1,267	\$1,460
59	\$2,905	\$2,679	\$1,436	\$1,173	\$1,352	\$3,205	\$2,956	\$1,584	\$1,294	\$1,492
60	\$3,029	\$2,793	\$1,497	\$1,223	\$1,410	\$3,342	\$3,082	\$1,652	\$1,349	\$1,555
61	\$3,136	\$2,892	\$1,550	\$1,266	\$1,460	\$3,460	\$3,191	\$1,710	\$1,397	\$1,610
62	\$3,207	\$2,957	\$1,585	\$1,295	\$1,492	\$3,538	\$3,262	\$1,748	\$1,428	\$1,646
63	\$3,295	\$3,038	\$1,629	\$1,330	\$1,533	\$3,635	\$3,352	\$1,797	\$1,468	\$1,692
64	\$3,348	\$3,088	\$1,655	\$1,352	\$1,558	\$3,694	\$3,406	\$1,826	\$1,492	\$1,719
65+	\$3,348	\$3,088	\$1,655	\$1,352	\$1,558	\$3,694	\$3,406	\$1,826	\$1,492	\$1,719

**Washington State Health Insurance Pool (WSHIP)
2018 Monthly Premium Rates**

PREFERRED PROVIDER PLANS (PPO Plans)

Area 5: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Franklin, Garfield, Grant, Kittitas, Okanogan, Walla Walla, Whitman, Yakima Counties

Age	Non-Smoker Rates					Smoker Rates				
	Deductible					Deductible				
	\$500	\$1,000	\$2,500	\$5,000	\$3,000 HSA	\$500	\$1,000	\$2,500	\$5,000	\$3000 HSA
0-14	\$898	\$828	\$421	\$367	\$405	\$898	\$828	\$421	\$367	\$405
15	\$978	\$902	\$458	\$399	\$441	\$978	\$902	\$458	\$399	\$441
16	\$1,008	\$930	\$473	\$412	\$455	\$1,008	\$930	\$473	\$412	\$455
17	\$1,039	\$958	\$487	\$424	\$469	\$1,039	\$958	\$487	\$424	\$469
18	\$1,072	\$988	\$502	\$438	\$483	\$1,072	\$988	\$502	\$438	\$483
19	\$1,105	\$1,019	\$518	\$451	\$498	\$1,105	\$1,019	\$518	\$451	\$498
20	\$1,139	\$1,050	\$534	\$465	\$514	\$1,139	\$1,050	\$534	\$465	\$514
21	\$1,174	\$1,082	\$550	\$479	\$529	\$1,315	\$1,212	\$616	\$537	\$593
22	\$1,174	\$1,082	\$550	\$479	\$529	\$1,315	\$1,212	\$616	\$537	\$593
23	\$1,174	\$1,082	\$550	\$479	\$529	\$1,315	\$1,212	\$616	\$537	\$593
24	\$1,174	\$1,082	\$550	\$479	\$529	\$1,315	\$1,212	\$616	\$537	\$593
25	\$1,178	\$1,087	\$552	\$481	\$532	\$1,320	\$1,217	\$619	\$539	\$595
26	\$1,202	\$1,108	\$563	\$491	\$542	\$1,346	\$1,241	\$631	\$550	\$607
27	\$1,230	\$1,134	\$576	\$502	\$555	\$1,378	\$1,271	\$646	\$563	\$621
28	\$1,276	\$1,177	\$598	\$521	\$575	\$1,429	\$1,318	\$670	\$584	\$645
29	\$1,313	\$1,211	\$616	\$536	\$592	\$1,471	\$1,357	\$689	\$601	\$663
30	\$1,332	\$1,229	\$624	\$544	\$601	\$1,492	\$1,376	\$699	\$609	\$673
31	\$1,360	\$1,255	\$638	\$556	\$614	\$1,524	\$1,405	\$714	\$622	\$687
32	\$1,389	\$1,281	\$651	\$567	\$626	\$1,555	\$1,434	\$729	\$635	\$701
33	\$1,406	\$1,297	\$659	\$574	\$634	\$1,575	\$1,452	\$738	\$643	\$710
34	\$1,425	\$1,314	\$668	\$582	\$643	\$1,596	\$1,472	\$748	\$652	\$720
35	\$1,434	\$1,323	\$672	\$586	\$647	\$1,606	\$1,481	\$753	\$656	\$725
36	\$1,444	\$1,331	\$677	\$590	\$651	\$1,617	\$1,491	\$758	\$660	\$729
37	\$1,453	\$1,340	\$681	\$593	\$655	\$1,628	\$1,501	\$763	\$665	\$734
38	\$1,463	\$1,349	\$685	\$597	\$660	\$1,638	\$1,511	\$768	\$669	\$739
39	\$1,481	\$1,366	\$694	\$605	\$668	\$1,659	\$1,530	\$777	\$677	\$748
40	\$1,500	\$1,383	\$703	\$613	\$677	\$1,680	\$1,549	\$787	\$686	\$758
41	\$1,528	\$1,409	\$716	\$624	\$689	\$1,712	\$1,578	\$802	\$699	\$772
42	\$1,555	\$1,434	\$729	\$635	\$701	\$1,742	\$1,606	\$816	\$711	\$786
43	\$1,593	\$1,469	\$746	\$650	\$718	\$1,784	\$1,645	\$836	\$728	\$805
44	\$1,640	\$1,512	\$768	\$670	\$740	\$1,837	\$1,694	\$861	\$750	\$828
45	\$1,695	\$1,563	\$794	\$692	\$764	\$1,898	\$1,751	\$890	\$775	\$856
46	\$1,761	\$1,624	\$825	\$719	\$794	\$1,972	\$1,818	\$924	\$805	\$889
47	\$1,835	\$1,692	\$860	\$749	\$827	\$2,055	\$1,895	\$963	\$839	\$927
48	\$1,919	\$1,770	\$899	\$784	\$866	\$2,149	\$1,982	\$1,007	\$878	\$969
49	\$2,002	\$1,847	\$938	\$818	\$903	\$2,243	\$2,068	\$1,051	\$916	\$1,012
50	\$2,096	\$1,933	\$982	\$856	\$946	\$2,348	\$2,165	\$1,100	\$959	\$1,059
51	\$2,189	\$2,019	\$1,026	\$894	\$987	\$2,452	\$2,261	\$1,149	\$1,001	\$1,106
52	\$2,291	\$2,113	\$1,074	\$936	\$1,033	\$2,566	\$2,366	\$1,203	\$1,048	\$1,157
53	\$2,395	\$2,208	\$1,122	\$978	\$1,080	\$2,682	\$2,473	\$1,257	\$1,095	\$1,210
54	\$2,506	\$2,311	\$1,174	\$1,023	\$1,130	\$2,807	\$2,588	\$1,315	\$1,146	\$1,266
55	\$2,618	\$2,414	\$1,227	\$1,069	\$1,181	\$2,932	\$2,703	\$1,374	\$1,197	\$1,322
56	\$2,738	\$2,525	\$1,283	\$1,118	\$1,235	\$3,067	\$2,828	\$1,437	\$1,252	\$1,383
57	\$2,861	\$2,638	\$1,340	\$1,168	\$1,290	\$3,204	\$2,954	\$1,501	\$1,308	\$1,445
58	\$2,991	\$2,758	\$1,402	\$1,221	\$1,349	\$3,350	\$3,089	\$1,570	\$1,368	\$1,511
59	\$3,055	\$2,818	\$1,432	\$1,248	\$1,378	\$3,422	\$3,156	\$1,604	\$1,397	\$1,543
60	\$3,186	\$2,938	\$1,493	\$1,301	\$1,437	\$3,568	\$3,290	\$1,672	\$1,457	\$1,609
61	\$3,298	\$3,042	\$1,546	\$1,347	\$1,488	\$3,694	\$3,407	\$1,731	\$1,509	\$1,666
62	\$3,372	\$3,110	\$1,580	\$1,377	\$1,521	\$3,777	\$3,483	\$1,770	\$1,542	\$1,703
63	\$3,465	\$3,195	\$1,624	\$1,415	\$1,563	\$3,881	\$3,579	\$1,819	\$1,585	\$1,750
64	\$3,521	\$3,247	\$1,650	\$1,438	\$1,588	\$3,944	\$3,637	\$1,848	\$1,611	\$1,779
65+	\$3,521	\$3,247	\$1,650	\$1,438	\$1,588	\$3,944	\$3,637	\$1,848	\$1,611	\$1,779



WASHINGTON STATE HEALTH INSURANCE POOL

PO Box 1090
Great Bend, KS 67530
1-800-877-5187
Fax # 620-793-1199

Enrollee Name
Address
City, State zip

IMPORTANT
This form must be SIGNED and RETURNED by
DUE DATE: DECEMBER 15, 2017

WSHIP ELIGIBILITY VERIFICATION FORM (Non-Medicare Plans)

WSHIP must confirm that you continue to meet eligibility requirements. Your prompt response is appreciated. Failure to respond may lead to termination of your coverage. If you have questions, please call WSHIP at 1-800-877-5187.

WASHINGTON STATE RESIDENCY: Please provide your physical address and information below.

Table with 3 columns: Physical Address of your current residence - Required, Mailing Address if different than physical address, Billing Address of 3rd party paying premiums (if applicable). Rows include Name, Address, City, State & Zip.

COUNTY OF RESIDENCE: Important! The premium you pay is based in part on the county you live in.

Telephone Number: ()
Cell Number: ()
Email Address:

(Optional) Secondary Contact: Contact's Telephone Number:
Secondary contact is a person who will know how to contact if we are unable to do so. We are not authorized to discuss your protected health information with a secondary contact unless you submit appropriate documentation.

ARE YOU ELIGIBLE FOR MEDICARE? Yes No
If you do not know or are unsure please call: 1-800-633-4227; or visit www.cms.gov/Medicare/Medicare.html; or go to your local Social Security office.
If you have End Stage Renal Disease OR you are 65 or older but not eligible for Medicare, enclose proof of ineligibility.

ARE YOU ELIGIBLE FOR MEDICAID? (Washington Apple Health)? Yes No
Note: This includes expanded Medicaid that was implemented in 2014 as part of the Affordable Care Act.
If you don't know or are unsure please call: 1-800-562-3022 or visit www.hca.wa.gov.

DO YOU HAVE COVERAGE OTHER THAN WSHIP? Yes No
If Yes, in order to coordinate benefits, please provide the following: Insurer Effective Date

If you have other coverage and will CANCEL YOUR WSHIP POLICY, what is the effective date for cancellation?:

PLEASE SIGN BELOW: I attest that my responses on this form are true and complete.

X
Signature
Printed Name:

Date Signed
Enrollee ID #

SIGNATURE REQUIRED



WASHINGTON STATE HEALTH
INSURANCE POOL

PO Box 1090
Great Bend, KS 67530
Fax: (620) 793-1199
www.wship.org

Questions? Call 1-800-877-5187

November 2017

Member ID: «Partic»
Current Plan: «Plan»
Date of Birth: «DOB»

«First» «Last»
«Addr»
«Addr2»
«City», «ST» «Zip»

Plan Change Form

Return by December 15, 2017

This form is used to change plans during open enrollment for coverage that will begin January 1st of the following year. **To change plans, you must select a plan that has the same or higher deductible as your current plan.** (Your current plan and deductible are displayed above for quick reference.)

Check the box below for the plan you want to change to effective January 1, 2018:

- I DO NOT want to change my plan for 2018** (Returning this form is optional if you do not want to change plans. If the form is not returned, your coverage will remain under your current plan.)
- Preferred Provider Plan \$500 deductible**
- Preferred Provider Plan \$1,000 deductible**
- Preferred Provider Plan \$2,500 deductible**
- Preferred Provider Plan \$5,000 deductible**
- HSA Qualified Preferred Provider Plan \$3,000 combined medical / pharmacy deductible**

If you have any questions concerning changes you might be considering, please call WSHIP customer service at **1-800-877-5187**.

If you do not return this form, you will remain enrolled in your current plan and cannot elect to change plans until the next open enrollment period. To change plans, this form must be **SIGNED** and **RETURNED PRIOR TO DECEMBER 15, 2017**. For your convenience we have enclosed a pre-addressed envelope or you may fax this form to us at (620) 793-1199.

By signing this form, I certify the following:

I understand that I may only change to a plan that has the same or higher deductible as my current plan and that I will not be able to decrease my deductible in the future.

X _____
Signature

Date Signed

Printed Name

«Phone» _____
Telephone #



Washington State Health Insurance Pool (WSHIP) 2018 WSHIP Benefit Plans Summary and Comparison Chart (Non-Medicare Plans)

DEDUCTIBLES, COINSURANCE, OUT-OF-POCKET	Preferred Provider	HSA Qualified Preferred Provider
Annual Deductible (Individual)	Choices: \$500, \$1,000, \$2,500 or \$5,000 (\$2,500 and \$5,000 plans have a separate \$500 Prescription Drug deductible)	\$3,000 (Combined Medical and Prescription Drug deductible)
Coinsurance	20% Network 40% Non-Network	20% Network 40% Non-Network
Annual Out-of-Pocket Expense Limits (Individual) <i>The maximum amount you pay yearly including deductible and coinsurance</i>	<p>\$500 Plan: \$1,000 Network \$2,000 Non-Network \$ 500 Prescription Drug</p> <p>\$1,000 Plan: \$1,650 Network \$3,300 Non-Network \$ 850 Prescription Drug</p> <p>\$2,500 Plan: \$5,000 Network \$7,500 Non-Network \$5,000 Prescription Drug</p> <p>\$5,000 Plan: \$10,000 Network \$15,000 Non-Network \$ 5,000 Prescription Drug</p>	\$ 5,250 Network \$10,500 Non-Network (Combined Medical and Prescription Drug out-of-pocket limit)
PRESCRIPTION DRUGS	<p>\$500 Plan: Generic: \$2 copay Preferred Brand: 10% up to \$50 Non-Preferred: 15% up to \$100</p> <p>\$1,000 Plan: Generic: \$5 copay Preferred Brand: 15% up to \$50 Non-Preferred: 20% up to \$100</p> <p>\$2,500 and \$5,000 Plans: Drug Deductible: \$500 Generic: 20% Preferred Brand: 30% Non-Preferred: 50%</p>	20% (After annual combined Medical & Prescription Drug deductible is met)

NOTE: All coinsurance amounts are based on allowable charges. Balance billing may apply if provider is not in network.

2018 WSHIP Benefit Plans Summary and Comparison Chart (continued)

MEDICAL BENEFITS	Preferred Provider		HSA Qualified Preferred Provider	
	Network	Non-Network	Network	Non-Network
COINSURANCE (% You Pay) AND LIMITS PCY (1)				
PREVENTIVE CARE				
Preventive care exams and immunizations <i>(deductible waived)</i>	0% / 40%		0% / 40%	
PROFESSIONAL SERVICES				
Office, inpatient, and outpatient professional services	20% / 40%		20% / 40%	
DIAGNOSTIC SERVICES				
Diagnostic x-ray & laboratory services	20% / 40%		20% / 40%	
Mammography <i>(deductible waived)</i>	0% / 40%		0% / 40%	
HOSPITAL SERVICES				
Inpatient (2) and outpatient facility services	20% / 40%		20% / 40%	
EMERGENCY CARE				
Emergency room	20% / 20%		20% / 20%	
OTHER SERVICES				
Acupuncture	20% / 40% 12 visits PCY		20% / 40% 12 visits PCY	
Ambulance	20% / 40%		20% / 40%	
Chemical Dependency	20% / 40%		20% / 40%	
Diabetes Education <i>(certified only; deductible waived)</i>	0%		0%	
Habilitative Services	20% / 40% 30 Inpatient days PCY 25 Outpatient visits PCY		20% / 40% 30 Inpatient days PCY 25 Outpatient visits PCY	
Home Health Care (2)	20% / 40% 130 visits PCY		20% / 40% 130 visits PCY	
Hospice and Respite Care	20% / 40%		20% / 40%	
Massage Therapy <i>(when prescribed by a physician)</i>	20% / 40% 12 visits PCY		20% / 40% 12 visits PCY	
Maternity Services	20% / 40%		20% / 40%	
Medical Supplies and Equipment (3)	20% / 40%		20% / 40%	
Mental Health Services (2)	20% / 40%		20% / 40%	
Oral Surgery	20% / 40%		20% / 40%	
Rehabilitation Therapy Services (Physical, Speech, Occupational, and Respiratory) (2)	20% / 40% 30 Inpatient days PCY 25 Outpatient visits PCY		20% / 40% 30 Inpatient days PCY 25 Outpatient visits PCY	
Skilled Nursing Facility (2)	20% / 40% 100 days PCY		20% / 40% 100 days PCY	
Spinal Manipulations	20% / 40%		20% / 40%	
Tobacco Cessation <i>(WSHIP's program only)</i>	0%		0%	
Temporomandibular Joint (TMJ) Disorders	20% / 40%		20% / 40%	
Transplant Surgery (3)	20% / 40%		20% / 40%	

NOTES: (1) PCY = Per Calendar Year; (2) A prior review for Medical Necessity is recommended; (3) Pre-approval is required.

2018 WSHIP Benefit Plans Summary and Comparison Chart (continued)

COVERED PRESCRIPTION DRUGS

Prescription drug services are administered by Express Scripts; 1-800-859-8810. Prescriptions must be obtained from WSHIP's network of pharmacies. For your long-term prescriptions, you can often save time and money by filling your prescriptions through our mail order pharmacy program.

Most plans have different copays or coinsurance for generics, preferred brands and non-preferred brand-name drugs; and some drugs require a coverage review (prior-authorization). A copy of our prescription drug formulary and information about coverage reviews and the mail order program is available at www.wship.org or by calling 1-800-859-8810.

LIMITED COVERED SERVICES

The following are limited covered services:

- Acupuncture
- Habilitative Services
- Home Health Care
- Massage Therapy
- Rehabilitation Services
- Skilled Nursing Facility
- Investigational and Experimental Services

EXCLUSIONS TO COVERED SERVICES

Benefits are not provided for treatment, surgery, services, drugs or supplies for any of the following:

- Cosmetic and Reconstructive Services (with some exceptions)
- Counseling, Educational or Training Services (except Diabetes Education)
- Custodial Care
- Dental Care
- Fertility or Infertility; and Sterilization Reversal
- Foot Care (routine care)
- Governmental Medical Facilities
- Military and War-Related Conditions; and Illegal Acts
- Not Medically Necessary Care
- Obesity and Weight Control
- Services For Which You Do Not Have to Pay
- Sexual Dysfunction
- Transportation or Travel
- Vision and Hearing Services
- Work-Related Conditions
- Services or supplies not specifically listed as covered in the Plan Policy

ELIGIBILITY

To be eligible for WSHIP, you must meet all of the following requirements:

- You are a resident of Washington State;
- You were enrolled in WSHIP prior to December 31, 2013 and have not had a termination of WSHIP coverage since then or you live in a Washington State county where an individual benefit plan is not offered during defined open enrollment or special enrollment periods; and
- You are not eligible for Medicaid or Medicare coverage.

CHANGING PLANS AFTER YOU ENROLL

Once you enroll in a plan, you may only switch plans every January 1st and you may only change to a plan that has the same or higher deductible and is not more comprehensive than your current plan.

PROVIDER NETWORKS

Provider network services are provided by First Choice Health for medical services. Visit www.fchn.com or call 1-800-231-6935 for network information. The retail and mail order pharmacy network is provided by Express Scripts; visit www.wship.org or call 1-800-859-8810 for pharmacy network information.

CARE MANAGEMENT

For Care Management services, call 1-800-549-7549. Services include medical necessity reviews and case and disease management programs.

PRIOR REVIEWS FOR MEDICAL NECESSITY

A medical necessity review should be requested by you or your provider before all admissions to a hospital, skilled nursing facility or other covered facility, and for outpatient services listed on your ID card. This review lets you and your provider know ahead of time if the service is Medically Necessary. We do not pay for any services that are determined by WSHIP to be not Medically Necessary. To request a review, call 1-800-549-7549.

MINIMUM ESSENTIAL COVERAGE DESIGNATION

Minimum essential coverage is designated by federal regulations to include state high risk pool coverage established before November 26, 2014 in any state. This includes WSHIP and means that WSHIP plans are designated as minimum essential coverage and satisfy the individual responsibility requirement of the Affordable Care Act and Internal Revenue Code. WSHIP benefits may not be the same as health plans in the individual market.

HOW TO CONTACT US

Customer Service: 1-800-877-5187

Mail: PO Box 1090, Great Bend, KS 67530

www.wship.org

NOTE: This information is not a contract, nor does it cover all exclusions or limitations. Once you enroll, you will receive a copy of your Plan Policy which will outline your coverage in detail. For a sample copy of the Plan Policy, contact Customer Service or go to www.wship.org