

WASHINGTON STATE HEALTH INSURANCE POOL (WSHIP)

SCHEDULE OF BENEFITS

Effective January 1, 2019

Preferred Provider Plan - \$1,000 Deductible

Please read this Schedule carefully. Your benefits are based on the information provided on this Schedule. If you believe there could be an error, notify our Administrator immediately at 1-800-877-5187 or write to us at PO Box 1090, Great Bend, KS 67530. You must include your name and policy number in any communication.

Enrollee Name: «FNAME» «LNAME»

Policy Number: «POLICY_»

Coverage Effective Date: «EFFECTIVE_DATE»

Deductible: \$1,000 Individual \$2,000 Family

Coinsurance, Copays and Out-of-Pocket Expense Limits:

Your Policy's coinsurance, copays and out-of-pocket limits are contained in the table below.

| Deductible Plan | Medical Coinsurance* | Medical Out-of-Pocket Expense Limit | Prescription Drug Coinsurance and Copays | | Prescription Drug Out-of-Pocket Expense Limit |
|-----------------|--------------------------------|--|---|--|---|
| | | | 30-day supply at Retail | 90-day supply through Mail Order | |
| \$1,000 | 20% Network 40% Non-Network | Individual: \$1,650 Network \$3,300 Non-Network Family: \$3,300 Network \$6,600 Non-Network | Generic: \$5 copay | Generic: \$10 copay | Individual: \$ 850 Family: \$1,700 |
| | | | Preferred Brand: 15% of cost of drug up to a maximum of \$50 Non-Preferred Brand: 20% of cost of drug up to a maximum of \$100 | Preferred Brand: 15% of cost of drug up to a maximum of \$100 Non-Preferred Brand: 20% of cost of drug up to a maximum of \$200 | |

This Policy has a deductible for Medical Services only. Prescription Drug expenses are not subject to the deductible, and they do not accrue toward the satisfaction of the deductible.

Covered expenses are applied toward the individual deductible in the year in which they are incurred. Covered expenses incurred in the last three months of the year which were applied to meet the deductible are also applied in an equal amount toward the individual deductible required for the next year.

This Policy has separate out-of-pocket expense limits for Medical Services and Prescription Drugs. Once Your out-of-pocket expense limit has been reached, we will pay Covered Services at a rate of 100% for the remainder of the Calendar Year.

*There is no medical coinsurance; and deductible is waived on preventive care services, diabetes education (certified providers only), and mammography (network providers only).