

WASHINGTON STATE HEALTH INSURANCE POOL (WSHIP)

SCHEDULE OF BENEFITS

Effective January 1, 2024

HSA Qualified Preferred Provider Plan - \$3,000 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: \$3,000 Individual \$6,000 Family

Coinsurance and Out-of-Pocket Expense Limits:

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

Deductible Plan	Medical Coinsurance*	Prescription Drug Coinsurance	Medical and Prescription Drug Out-of-Pocket Expense Limit
\$3,000	20% Network 40% Non-Network	20%	Individual: \$ 5,250 Network \$10,500 Non-Network Family: \$10,500 Network \$21,000 Non-Network

This Policy has a combined Medical and Prescription Drug deductible. All Covered Services including Prescription Drug expenses are subject to the deductible.

This Policy has a combined out-of-pocket expense limit 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).