



# Summary – Effective January 1, 2016

## Standard Plan

WASHINGTON STATE HEALTH  
INSURANCE POOL

A comprehensive plan with deductible options of \$500, \$1,000, or \$1,500 that provides the same level of benefits for services by network and non-network providers.

MEDICAL BENEFITS			
<b>ANNUAL DEDUCTIBLE OPTIONS</b> per individual PCY (1)		\$ 500, \$1,000, or \$1,500 (choose one)	
<b>COINSURANCE</b> (amount you pay after deductible)		20%	
<b>OUT-OF-POCKET LIMIT</b> PCY		<b>per Individual</b>	<b>per Family</b>
(The maximum amount you pay yearly including deductible and coinsurance.)	\$500 Option	\$1,000	\$2,000
	\$1,000 Option	\$1,650	\$3,300
	\$1,500 Option	\$2,000	\$4,000

COVERED SERVICES	COVERAGE LIMITATIONS	YOU PAY			
<b>PREVENTIVE CARE</b>					
Preventive care exams and immunizations (deductible waived)		0%			
<b>PROFESSIONAL SERVICES</b>					
Office, inpatient, and outpatient professional services		20%			
<b>DIAGNOSTIC SERVICES</b>					
Diagnostic x-ray & laboratory services		20%			
Mammography (deductible waived)		0%			
<b>HOSPITAL SERVICES</b>					
Inpatient (2) and outpatient facility services		20%			
<b>EMERGENCY CARE</b>					
Emergency room		20%			
<b>OTHER SERVICES</b>					
Acupuncture	12 visits PCY	20%			
Ambulance		20%			
Chemical Dependency		20%			
Diabetes Education (certified only; deductible waived)		0%			
Habilitative Services	30 Inpatient days PCY 25 Outpatient days PCY	20%			
Home Health Care (2)	130 visits PCY	20%			
Hospice and Respite Care		20%			
Massage Therapy (when prescribed by a physician)	12 visits PCY	20%			
Maternity Services		20%			
Medical Supplies and Equipment (2)		20%			
Mental Health Services (2)		20%			
Oral Surgery		20%			
Rehabilitation Services (Physical, Speech, Occupational, and Respiratory) (2)	30 Inpatient days PCY 25 Outpatient days PCY	20%			
Skilled Nursing Facility (2)	100 days PCY	20%			
Spinal Manipulations		20%			
Tobacco Cessation (WSHIP's designated provider only)	two participation PCY	0% - WSHIP program			
Temporomandibular Joint (TMJ) Disorders		20%			
Transplant Surgery (3)		20%			
<b>PRESCRIPTION DRUGS</b>	<b>Rx Deductible</b>	<b>Tier 1 Generics</b>	<b>Tier 2 Preferred Brand</b>	<b>Tier 3 NonPreferred</b>	<b>Rx Out-of-Pocket Limit</b>
30-day supply					
\$500 Option	None	\$2 copay	10% up to \$50 max	15% up to \$100 max	\$500
\$1,000 Option	None	\$5 copay	15% up to \$50 max	20% up to \$100 max	\$850
\$1,500 Option	None	\$10 copay	20% up to \$50 max	25% up to \$100 max	\$1,000
For a <b>90-day supply</b> by mail order you pay only two times the 30-day copay; or, if your prescription has a percentage coinsurance, you pay the same coinsurance percentage, up to only two times the 30-day dollar maximum.					

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

## COVERED PRESCRIPTION DRUGS

Prescription drug services are administered by Express Scripts; 1-800-859-8810. (Express Scripts and Medco are now one company.) 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 WSHIP plans have different copays or coinsurance for generics, preferred brands and nonpreferred 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](http://www.wship.org), or by calling 1-800-859-8810.

## LIMITED COVERED SERVICES

- Acupuncture
- Habilitative Services
- Home Health Care
- Massage Therapy
- Rehabilitation Services
- Skilled Nursing Facility
- Tobacco Cessation

## 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
- Sex or Gender Reassignment
- 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 must be a resident of Washington state;
- You were enrolled in WSHIP prior to December 31, 2013 and not had a termination of coverage 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 must not be eligible for Medicaid or Medicare coverage.

## CHANGING PLANS AFTER YOU ENROLL

Once you enroll in a plan, you may only switch plans every January 1<sup>st</sup> 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](http://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](http://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.

## HOW TO CONTACT US

**Customer Service: 1-800-877-5187**

Mail: PO Box 1090, Great Bend KS 67530

[www.wship.org](http://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](http://www.wship.org).