

# WASHINGTON STATE HEALTH INSURANCE POOL (WSHIP)

## SCHEDULE OF BENEFITS

Effective January 1, 2018

### Preferred Provider Plan - \$2,500 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: \$2,500 Individual \$5,000 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*           | Medical Out-of-Pocket Expense Limit  | Prescription Drug Deductible and Coinsurance  | Prescription Drug Out-of-Pocket Expense Limit |
|-----------------|--------------------------------|--|---|---|
| \$2,500         | 20% Network<br>40% Non-Network | Individual: \$ 5,000 Network<br>\$ 7,500 Non-Network<br>Family: \$10,000 Network<br>\$15,000 Non-Network | \$500 Individual Deductible<br>\$1,000 Family Deductible<br>50% Non-Preferred Brand<br>30% Preferred Brand<br>20% Generic | Individual: \$ 5,000<br>Family: \$10,000      |

This Policy has separate deductibles for Medical Services and Prescription Drugs. Covered medical expenses apply only to the Medical Services deductible, and covered Prescription Drug expenses apply only to the Prescription Drug 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).