



# Summary – Effective January 1, 2018

## Basic Plus Plan (Medicare)

WASHINGTON STATE HEALTH  
INSURANCE POOL

This plan is **closed** to new enrollment. It is for qualified individuals enrolled in Medicare Parts A, B and D. It pays as secondary insurance and covers patient responsibility for Medicare-eligible expenses including prescription drugs covered under Medicare Parts B and D.

**WSHIP covers 100% of your Medicare deductible and coinsurance on Medicare-eligible expenses**

MEDICAL BENEFITS					
<b>ANNUAL DEDUCTIBLE</b> per individual PCY (1)	None				
<b>COINSURANCE</b> ( <i>amount you pay for Covered Services not covered by Medicare</i> )	0% for Services covered by Medicare 20% for Covered Services <u>not</u> covered by Medicare				
<b>OUT-OF-POCKET LIMIT</b> PCY ( <i>The maximum amount you pay yearly including deductible and coinsurance.</i> )	<table border="1"> <thead> <tr> <th>per Individual</th> <th>per Family</th> </tr> </thead> <tbody> <tr> <td>\$500</td> <td>\$1,000</td> </tr> </tbody> </table>	per Individual	per Family	\$500	\$1,000
per Individual	per Family				
\$500	\$1,000				

COVERED SERVICES	COVERAGE LIMITATIONS	YOU PAY (if <u>not</u> covered by Medicare)
<b>PREVENTIVE CARE</b> ( <i>coinsurance waived</i> )		
Preventive care exams and immunizations	\$500 PCY	0%
<b>PROFESSIONAL SERVICES</b>		
Office, inpatient, and outpatient professional services		20%
<b>DIAGNOSTIC SERVICES</b>		
Diagnostic x-ray & laboratory services		20%
Mammography ( <i>coinsurance waived</i> )		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	30 Inpatient days PCY 28 Outpatient visits PCY	20%
Diabetes Education ( <i>certified only; coinsurance waived</i> )		0%
Home Health Care (2)	130 visits PCY	20%
Hospice and Respite Care	Hospice: not limited Respite: \$7,500 PCY	20%
Massage Therapy ( <i>when prescribed by a physician</i> )	12 visits PCY	20%
Maternity Services		20%
Medical Supplies and Equipment (3)		20%
Mental Health Services (2)		20%
Oral Surgery		20%
Physical, Speech, Occupational, and Respiratory Therapies (2)		20%
Skilled Nursing Facility (2)	100 days PCY	20%
Spinal Manipulations		20%
Tobacco Cessation ( <i>WSHIP's designated provider only</i> )		0% - WSHIP program
Temporomandibular Joint (TMJ) Disorders	\$1,000 lifetime maximum	20%
Transplant Surgery (3)	\$350,000 lifetime maximum	20%
<b>PRESCRIPTION DRUGS</b> WSHIP pays your Medicare deductible, copays and coverage gap for drugs covered by Medicare Parts B and D, and 80% for some drugs not covered by Medicare. You Pay 20% for Covered Drugs <u>not</u> covered by Medicare, up to a \$500 Prescription Drug Out-of-Pocket Expense Limit.		

- NOTES:**
- (1) PCY = Per Calendar Year
  - (2) A prior review for Medical Necessity is recommended if service is not covered by Medicare
  - (3) Pre-approval is required

## PRESCRIPTION DRUGS

WSHIP's Basic Plus Plan pays your Medicare deductible, copays, and coverage gap ("Donut Hole") for prescription drugs covered by Medicare Parts B and D. In addition, it pays 80% for some drugs not covered by Medicare.

Prescription drug services are administered by Express Scripts; 1-800-399-4101. Prescriptions must be obtained from WSHIP's network of pharmacies unless your Medicare Prescription Drug Plan (PDP) requires otherwise.

A copy of our prescription drug formulary and information about coverage reviews and our mail order program is available at [www.wship.org](http://www.wship.org) or by calling 1-800-399-4101.

## LIMITED COVERED SERVICES

- Preventive Care
- Acupuncture
- Chemical Dependency
- Home Health Care and Respite Care
- Massage Therapy
- Skilled Nursing Facility
- Temporomandibular Joint (TMJ) Disorders
- Transplant Surgery
- 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's Basic Plus Plan, you must meet all of the following requirements:

- You were enrolled in WSHIP's Plan 2 immediately preceding enrollment in this plan;
- You are a resident of Washington State;
- You are enrolled in Medicare Parts A, B and D; and
- You were rejected for coverage by a health carrier, offered substantially reduced coverage on a Medicare supplemental insurance policy, or you do not have comprehensive Medicare supplement coverage available to you.

## PRE-EXISTING CONDITIONS

This plan contains a 6-month waiting period for pre-existing conditions; the waiting period may be credited or waived based on your prior health care coverage, subject to approval by WSHIP. The pre-existing condition waiting period does not apply to prenatal care services or benefits for outpatient prescription drugs.

## 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).