

Enrollment Information

(Medicare-Eligible Medical Supplement Plan)

Important – Please Read!

Please review this information carefully and **return your completed application, along with a copy of all required documents and your applicable premium payment to the address above.** (You may fax your application, provided the original and premium payment are sent by mail within 5 days.) Applicants are encouraged to use a licensed insurance agent.

About WSHIP

The Washington State Health Insurance Pool (WSHIP) is an independent, non-profit health plan created by the Washington State Legislature. We offer individual health insurance coverage to state residents rejected for coverage by health carriers due to medical reasons. Our benefit plans, premiums, eligibility rules, and other program requirements are governed by state law. A Board of Directors with representatives for consumers, employers, insurance agents, health carriers, health care providers, and the Insurance Commissioner oversee the organization. WSHIP is administered by 90 Degree Benefits working with vendors for pharmacy services, provider network services, and care coordination and disease management programs.

Eligibility

To be eligible for WSHIP's Medical Supplement Plan you must meet all of the following requirements:

- You must be a resident of Washington State;
- You must be enrolled in Medicare Part A and Part B;
- You must provide evidence of rejection for medical reasons, a requirement of restrictive riders, an up-rated premium, or a pre-existing conditions limitation on a Medicare supplemental insurance policy, or not have comprehensive Medicare supplement coverage available to you; and
- You must not have access to a reasonable choice of Medicare Advantage Plans (Part C). (See enclosed details for how "reasonable choice" is defined.)

Your dependent children may be covered by WSHIP provided that you are eligible for and are enrolled in WSHIP. Coverage for dependent children is available under a separate policy. Dependent children must be under the age of 26. Coverage can be extended for dependent children age 26 and older who are disabled. If your dependents are not Medicare-eligible, please contact WSHIP for a different form to enroll non-Medicare eligible dependent children.

Questions? Contact Customer Service at **1-888-277-9135** or go to www.wship.org.

Instructions

1. Review the benefit plan information carefully.
2. Review the premium rate chart to determine your monthly premium.
3. Fill out the WSHIP application completely.
4. Sign and date your application and attach copies of all required documents.
5. Enclose a check for your applicable premium and mail your application and supporting documents to us in the enclosed return envelope. (You may fax your application if originals and payment are sent by mail within 5 days.)

HOW TO CONTACT US

Call Customer Service at 1-888-277-9135

(8 AM to 5 PM Pacific Time, Monday – Friday)

Visit our website at www.wship.org

Write to us at: PO Box 780548, San Antonio, TX 78278

Benefit Plan & Premiums

Benefit Plan

WSHIP's Medical Supplement Plan supplements your existing Medicare Parts A and B benefits, as well as providing additional benefits for some services not covered by Medicare. The plan includes coverage for preventive care and other medical services; it also includes annual out-of-pocket expense limits.

This plan does not provide prescription drug coverage except supplemental benefits for medications covered under Medicare Part B.

WSHIP pays as **secondary insurance** and covers your patient responsibility for Medicare-eligible expenses (the amount you owe after Medicare pays your provider) with the exception of the deductible amount for Medicare Part B, which you will be responsible for. If the service is not covered by Medicare but is covered by WSHIP, you pay a 20% coinsurance up to the annual out-of-pocket expense limit.

A Benefit Plan Summary is included in this packet. A complete policy is available on our website at www.wship.org; or you may request a copy from Customer Service.

Premiums

Monthly premium rates are included in this packet. Premiums are based on your age. State law requires WSHIP premiums to be 110%-150% of the average of what the largest carriers in the state charge for their individual plans with benefits similar to WSHIP. Premiums cover about one-third of the cost of providing coverage; health carriers pay the remaining costs. (WSHIP is not state-funded.)

How to Determine if You Have Reasonable Choice of Medicare Advantage Plans

Under Washington law effective August 1, 2009, to be eligible for coverage under WSHIP's Medicare-eligible Medical Supplement Plan you must live in a Washington county where **you do not have reasonable choice** of comprehensive Medicare Advantage Plans (Part C).

Definition of Reasonable Choice

Reasonable choice of Medicare Advantage Plans means:

1. You have a choice of health maintenance organization (HMO) or preferred provider organization (PPO) Medicare Advantage Plans offered by at least three different carriers that have had provider networks in your county of residence for at least five years.
2. The benefit plan options include coverage at least as comprehensive as Plan F Medicare supplement plan combined with Medicare Parts A and B.
3. The benefit plan options also provide access to adequate and stable provider networks that make up-to-date provider directories easily accessible on the carrier website, and will provide a hard copy, if requested.
4. The health care provider with whom you have an established care relationship and from whom you have received treatment within the past twelve months is not a member of the available HMO or PPO Medicare Advantage Plan carrier networks.

Counties with Reasonable Choice

The list of counties with reasonable choice of Medicare Advantage Plans is updated yearly. *If you live in one of these counties, you are not eligible for WSHIP unless* your health care provider is not included as a member of at least one of the HMO or PPO benefit plans available to you.

For a current list of counties that offer a reasonable choice of Medicare Advantage Plans, refer to the Medicare eligibility requirements listed on WSHIP's website, or contact our Customer Service department at 1-888-277-9135.

Please note this list is updated January 1 of each year.

Questions?

If you have any questions about this eligibility requirement, there are several resources available to assist you:

- You can contact the Statewide Health Benefits Advisors "SHIBA" at 1-800-562-6900 or SHIBAhelpLine@oic.wa.gov
- Visit the website of the Office of the Insurance Commissioner www.oic.wa.gov
- Contact WSHIP Customer Service at 1-888-277-9135

Frequently Asked Questions

When will my coverage be effective?

If your completed application is faxed or postmarked on or before the last day of the month, WSHIP coverage will be effective the 1st of the next month. Some exceptions may apply.

Is there a waiting period for coverage of pre-existing conditions?

Yes, there is a 6-month waiting period. In certain circumstances, we will waive or credit this waiting period based on your current or prior creditable coverage. The pre-existing condition waiting period does not apply to prenatal care services or benefits for outpatient prescription drugs.

May I be turned down for coverage?

No, as long as you meet all of the eligibility requirements.

May I keep my WSHIP coverage if I receive assistance from Medicaid?

No. Some exceptions may apply depending upon the type of DSHS medical assistance you receive. DSHS has more than one Medicaid option, a copy of your card is required to determine eligibility for WSHIP coverage.

What will happen if I move?

If you move to another location within Washington, you are still eligible for WSHIP. You need to send us a change of address to ensure that you receive important notices about your policy including our required yearly Eligibility Verification Form. If you move out of the state of Washington, you must notify us immediately; you will no longer be eligible for WSHIP and your coverage will terminate.

When does the policy end?

The policy terminates:

- When you send us written notice requesting termination
- For nonpayment of your premium within the 31-day grace period
- When you are no longer a resident of Washington State
- When you become eligible for Medical Assistance (except under certain circumstances)
- When you are no longer enrolled in both Parts A and B of Medicare
- When you fail to respond to our inquiry about your eligibility or place of residence
- When you commit a material fraud upon or against WSHIP

What are my payment options?

You may choose to be billed quarterly, semi-annually or annually and submit payment to WSHIP, or you can choose to have automatic bank withdrawals made monthly. You will indicate your payment option on the application. Please be sure to enclose the amount of premium that is applicable to the payment frequency you selected. For example, if you selected quarterly, multiply the monthly rate by three months and enclose that amount with your application.

How do I change my payment option selection?

Request it in writing. If received by the 20th of the month, it will become effective the 1st of the following month. If you are changing to automatic withdrawal from your bank account, you will need to send us a Bank Service Plan Authorization Form and a voided check or bank MICR form.

How often do I have to complete the Eligibility Verification Form?

WSHIP must verify your eligibility for coverage on a yearly basis. This important form is now included with your Open Enrollment materials. Please return it promptly to avoid losing your coverage. (You must also notify us of addresses changes.)

Can I re-enroll in WSHIP after termination?

If you fail to pay the premium or you voluntarily leave WSHIP, you will not be eligible to reapply until 12 months after termination date. (You can re-apply without meeting the 12 month criteria if you terminated due to having employment-related coverage which was subsequently lost.)