



PO Box 780548
San Antonio, TX 78278
www.wship.org

Questions? Call 1-888-277-9135

Enrollment Information

(Non-Medicare Plans)

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. 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 enrolled in WSHIP's Non-Medicare Plans, you must meet all of the following requirements:

- You are a resident of Washington State;
- You live in a Washington State county where an individual benefit plan is not offered during defined open enrollment or special enrollment periods;
- You have not had a termination of coverage as an Enrollee of WSHIP within the last 12 months; and
- You are not eligible for Medicaid or Medicare coverage.

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.

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

Instructions

1. Review the benefit plans information carefully and compare options.
2. Select the plan and deductible that is best for you.
3. Review the premium rate charts to determine your monthly premium.
4. Fill out the WSHIP application completely.
5. Sign and date your application and attach copies of all required documents.
6. 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 Plans & Premiums

Benefit Plans

WSHIP offers two plans. Both plans include coverage for preventive care, major medical, and prescription drugs; they also include annual out-of-pocket expense limits. Disease management programs and case management services are also included.

Provider network services are provided by First Choice Health, a leading independent PPO Network in Washington with a growing presence in Oregon, Idaho, Montana and Alaska. When you are traveling, you also have access to network providers in all 50 states. Visit www.fchn.com or call 1-800-231-6935 for network information. The pharmacy network is provided by Express Scripts. Express Scripts is our pharmacy benefit manager. Visit www.Express-Scripts.com or call 1-800-859-8810 for pharmacy network information.

WSHIP Benefit Plan Choices

1. **Preferred Provider Plan** is a comprehensive plan with deductible options of \$500, \$1,000, \$2,500 or \$5,000. You pay 20% coinsurance for services provided by network providers and specified copays for prescription drugs.
2. **HSA Qualified Preferred Provider Plan** is a comprehensive High Deductible Health Plan (HDHP) that can be used with a federally qualified Health Savings Account (HSA). It has a combined medical and prescription drug deductible of \$3,000. You pay 20% coinsurance for services provided by network providers and 20% for prescription drugs.

A Benefit Plans Summary and Comparison Chart is included in this packet. A complete policy and a copy of our Preferred Prescriptions drug list (formulary) are 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 and use of tobacco products. State law requires WSHIP premiums to be 110%-125% 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 the HSA Qualified Plan Works

WSHIP's HSA Qualified Preferred Provider Plan is a High Deductible Health Plan (HDHP) that can be used with a federally qualified Health Savings Account (HSA).

This plan has a **combined** medical and prescription drug annual deductible of \$3,000.

Although persons age 65 and older may enroll in this plan if they are not enrolled in Medicare, they may not set up a tax-deferred Health Savings Account.

IMPORTANT: Once you become enrolled in a WSHIP high-deductible plan, you cannot later choose to enroll in a lower-deductible plan.

How a Health Savings Account (HSA) Works

You must make arrangements through a financial institution for your Health Savings Account. Banks, credit unions, and other financial institutions are permitted to be trustees or custodians of your HSA account. The U.S. Dept. of Treasury has information about Health Savings Accounts; go to www.treas.gov (click on "Health Savings Accounts") or contact your bank. (WSHIP does not provide this information or make recommendations.)

Tax Savings – An HSA provides you with tax savings through:

- Tax deductions when you contribute to your account;
- Tax-free earnings through investment; and
- Tax-free withdrawals for qualified medical expenses.

How WSHIP's HSA Qualified Preferred Provider Plan Works

- WSHIP's HSA Qualified Preferred Provider Plan allows you to choose any provider but pays a higher level of benefits for services provided by network providers (80%) than non-network providers (60%).
- You pay 20% of eligible medical expenses, up to the out-of-pocket maximum of \$5,250 per calendar year, when you receive services from a network provider. If you receive services from a non-network provider, you pay 40%, up to a maximum of \$10,500 per calendar year.
- All prescription drugs must be obtained from a network pharmacy. **You are responsible for paying the pharmacy the full amount of your prescription when you pick it up.** After you meet your deductible, WSHIP will reimburse you for its share of covered prescription drugs that are purchased after the date your deductible was met. Prescription drugs are subject to your combined medical and prescription drug annual deductible, and a 20% coinsurance, up to the out-of-pocket limit. **You must provide your WSHIP ID card to the pharmacist each time you have a prescription filled** or you may not be reimbursed for amounts which exceed WSHIP's allowed amount.

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.

May I keep my WSHIP coverage if I become eligible for Medicare?

No, but you may be able to enroll in WSHIP's Medicare-eligible Plan if you meet its eligibility requirements. You will need to inform us of your Medicare coverage and we will assist you in determining your options.

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

No. Some exceptions may apply depending upon the type of 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 may still be eligible for WSHIP (unless your eligibility is based upon the unavailability of individual coverage in your county). 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 remains in effect unless one of the following occurs:

- You send us written notice requesting termination
- You do not pay your premium within the 31-day grace period
- You are no longer a resident of Washington State
- You become eligible for Medicare
- You become eligible for Medicaid
- You fail to respond to our inquiry about your eligibility or place of residence
- 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.

What if I am currently paying a smoker/tobacco-user premium and I quit using tobacco products?

You must be tobacco-free for 12 months to be eligible for the non-smoker rate. If your tobacco use status changes, please notify us and we will send you a tobacco use affidavit form to fill out and return. The premium will be reduced on the 1st of the following month after the affidavit for being tobacco-free for 12 months is received. If you begin using tobacco products, you must notify us immediately. There are no retroactive premium adjustments based on tobacco use status.

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.)