WASHINGTON STATE HEALTH INSURANCE POOL (WSHIP)

SCHEDULE OF BENEFITS

Effective January 1, 2026

Basic Plan

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 1-888-277-9135 or write to us at PO Box 21548, Eagan, MN 55121. You must include your name and policy number in any communication.

Enrollee Name: «FNAME» «LNAME»

Policy Number: «POLICY_»

Coverage Effective Date: «EFFECTIVE_DATE»

Deductible: None

Coinsurance and Out-of-Pocket Expense Limits:
Your Policy's coinsurance and out-of-pocket limits are contained in the table below.

Coinsurance*	Medical Out-of-Pocket Expense Limit	Prescription Drug Out-of-Pocket Expense Limit
0% for Medical and Prescription Drug Services covered by Medicare 20% for Medical Covered Services not covered by Medicare Parts A or B Prescription drug coverage is limited to products covered under Medicare Part B	Individual: $ 850 Family: $1,700	Individual: $150 Family: $300

This Policy does not have a deductible.

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.