WASHINGTON STATE HEALTH INSURANCE POOL (WSHIP)

SCHEDULE OF BENEFITS

Effective January 1, 2026

Preferred Provider Plan - $1,000 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 1-888-277-9135 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: $1,000 Individual $2,000 Family

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

Deductible Plan	Medical Coinsurance*	Medical Out-of-Pocket Expense Limit	Prescription Drug Coinsurance and Copays		Prescription Drug Out-of-Pocket Expense Limit
			30-day supply at Retail	90-day supply through Mail Order	
$1,000	20% Network 40% Non-Network	Individual: $1,650 Network $3,300 Non-Network Family: $3,300 Network $6,600 Non-Network	Generic: $5 copay Preferred Brand: 15% of cost of drug up to a maximum of $50 Non-Preferred Brand: 20% of cost of drug up to a maximum of $100	Generic: $10 copay Preferred Brand: 15% of cost of drug up to a maximum of $100 Non-Preferred Brand: 20% of cost of drug up to a maximum of $200	Individual: $ 850 Family: $1,700

This Policy has a deductible for Medical Services only. Prescription Drug expenses are not subject to the deductible, and they do not accrue toward the satisfaction of the 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).