WSHIP
WASHINGTON STATE HEALTH INSURANCE POOL

# Summary – Effective January 1, 2027

## Basic Plus Plan (Medicare)

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 | | |
|---|---|---|
| **ANNUAL DEDUCTIBLE** per individual PCY (1) | None | |
| **COINSURANCE** *(amount you pay for Covered Services not covered by Medicare)* | 0% for Services covered by Medicare<br>20% for Covered Services not covered by Medicare | |
| **OUT-OF-POCKET LIMIT** PCY<br>*(The maximum amount you pay yearly including deductible and coinsurance.)* | **per Individual**<br>$500 | **per Family**<br>$1,000 |

| COVERED SERVICES | COVERAGE LIMITATIONS | YOU PAY (if not covered by Medicare) |
|---|---|---|
| **PREVENTIVE CARE** *(coinsurance waived)* | | |
| Preventive care exams and immunizations | $500 PCY | 0% |
| **PROFESSIONAL SERVICES** | | |
| Office, inpatient, and outpatient professional services | | 20% |
| **DIAGNOSTIC SERVICES** | | |
| Diagnostic x-ray & laboratory services | | 20% |
| Mammography *(coinsurance waived)* | | 0% |
| **HOSPITAL SERVICES** | | |
| Inpatient (2) and outpatient facility services | | 20% |
| **EMERGENCY CARE** | | |
| Emergency room | | 20% |
| **OTHER SERVICES** | | |
| Acupuncture | 12 visits PCY | 20% |
| Ambulance | | 20% |
| Chemical Dependency | 30 Inpatient days PCY<br>28 Outpatient visits PCY | 20% |
| Diabetes Education *(certified only; coinsurance waived)* | | 0% |
| Home Health Care (2) | 130 visits PCY | 20% |
| Hospice and Respite Care | Hospice: not limited<br>Respite: $7,500 PCY | 20% |
| Massage Therapy *(when prescribed by a physician)* | 12 visits PCY | 20% |
| Maternity Services | | 20% |
| Medical Supplies and Equipment (3) | | 20% |
| Mental Health Services | | 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 *(WSHIP's designated provider only)* | | 0% - WSHIP program |
| Temporomandibular Joint (TMJ) Disorders | $1,000 lifetime maximum | 20% |
| Transplant Surgery (3) | $350,000 lifetime maximum | 20% |
| **PRESCRIPTION DRUGS** 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 not 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; 1-800-859-8810. 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 or by calling 1-800-859-8810.

## 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: 1-888-277-9135**
Email: WSHIP_Eligibility.T8@90degreebenefits.com
Mail: PO Box 21548, Eagan, MN 55121
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.