WSHIP
WASHINGTON STATE HEALTH INSURANCE POOL

Summary – Effective January 1, 2027
Medical Supplement Plan (Medicare)

This plan is for qualified individuals enrolled in Medicare Part A and Part B. It pays as secondary insurance and covers patient responsibility for Medicare-eligible expenses with the exception of the deductible amount for Medicare Part B. This plan does not provide prescription drug coverage except supplemental benefits for drugs covered under Medicare Part B.

MEDICAL BENEFITS		
ANNUAL DEDUCTIBLE per individual PCY (1)	None (You are responsible for your Medicare Part B deductible.)	
COINSURANCE *(amount you pay for Covered Services not covered by Medicare)*	0% for Services covered by Medicare 20% for Covered Services not covered by Medicare	
OUT-OF-POCKET LIMIT PCY *(The maximum amount you pay yearly including deductible and coinsurance.)*	**per Individual** $850	**per Family** $1,700

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 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 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 are **NOT COVERED** except for drugs covered under Medicare Part B.		

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 Medical Supplement Plan does not provide coverage for prescription drugs (except for drugs covered under Medicare Part B). Prescription drug services are administered by Express Scripts; 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
- Prescription Drugs (except for drugs covered under Medicare Part B)
- 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 Medical Supplement Plan, you must meet all of the following requirements:

- You are a resident of Washington State;
- You are enrolled in Medicare Part A and Part B;
- 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; and
- You do not have access to a reasonable choice of Medicare Advantage Plans (Part C).

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
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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.