WSHIP
WASHINGTON STATE HEALTH INSURANCE POOL

Summary – Effective January 1, 2027

Preferred Provider Plan

A comprehensive plan with deductible options of $500, $1,000, $2,500 or $5,000 that allows you to choose any provider but pays a higher level of benefits for services by network providers.

MEDICAL BENEFITS		NETWORK		OUT-OF-NETWORK	
ANNUAL DEDUCTIBLE OPTIONS per individual PCY (1)		$ 500, $1,000, $2,500 or $5,000 *(choose one)*			
COINSURANCE *(amount you pay after deductible)*		20%		40%	
OUT-OF-POCKET LIMIT PCY		**per Individual**	**per Family**	**per Individual**	**per Family**
(The maximum amount you pay yearly including deductible and coinsurance.)	$500 Option	$1,000	$2,000	$2,000	$4,000
	$1,000 Option	$1,650	$3,300	$3,300	$6,600
	$2,500 Option	$5,000	$10,000	$7,500	$15,000
	$5,000 Option	$10,000	$20,000	$15,000	$30,000

COVERED SERVICES	COVERAGE LIMITATIONS	YOU PAY	
		Network	*Out-of-Network*
PREVENTIVE CARE			
Preventive care exams and immunizations *(deductible waived)*		0%	40%
PROFESSIONAL SERVICES			
Office, inpatient, and outpatient professional services		20%	40%
DIAGNOSTIC SERVICES			
Diagnostic x-ray & laboratory services		20%	40%
Mammography *(deductible waived)*		0%	40%
HOSPITAL SERVICES			
Inpatient (2) and outpatient facility services		20%	40%
EMERGENCY CARE			
Emergency room		20%	20%
OTHER SERVICES			
Acupuncture	12 visits PCY	20%	40%
Ambulance		20%	40%
Chemical Dependency		20%	40%
Diabetes Education *(certified only; deductible waived)*		0%	0%
Habilitative Services	30 Inpatient days PCY 25 Outpatient visits PCY	20%	40%
Home Health Care (2)	130 visits PCY	20%	40%
Hospice and Respite Care		20%	40%
Massage Therapy *(when prescribed by a physician)*	12 visits PCY	20%	40%
Maternity Services		20%	40%
Medical Supplies and Equipment (2)		20%	40%
Mental Health Services		20%	40%
Oral Surgery		20%	40%
Rehabilitative Services (Physical, Speech, Occupational, and Respiratory) (2)	30 Inpatient days PCY 25 Outpatient visits PCY	20%	40%
Skilled Nursing Facility (2)	100 days PCY	20%	40%
Spinal Manipulations		20%	40%
Tobacco Cessation *(WSHIP's designated provider only)*		0% - WSHIP program	
Temporomandibular Joint (TMJ) Disorders		20%	40%
Transplant Surgery (3)		20%	40%

PRESCRIPTION DRUGS 30-day supply	Rx Deductible	Tier 1 Generics	Tier 2 Preferred Brand	Tier 3 Non-Preferred	Rx Out-of-Pocket Limit
$500 Option	None	$2 copay	10% up to $50 max	15% up to $100 max	$500
$1,000 Option	None	$5 copay	15% up to $50 max	20% up to $100 max	$850
$2,500 & $5,000 Options	$500	20%	30%	50%	$5,000

For a **90-day supply** by mail order, you pay only two times the 30-day copay; or, if your prescription has a percentage coinsurance, you pay the same coinsurance percentage, up to only two times the 30-day dollar maximum (if applicable).

NOTES: (1) PCY = Per Calendar Year; (2) A prior review for Medical Necessity is recommended; (3) Pre-approval is required.

COVERED PRESCRIPTION DRUGS

Prescription drug services are administered by Express Scripts; 1-800-859-8810. Prescriptions must be obtained from WSHIP's network of pharmacies. For your long-term prescriptions, you can often save time and money by filling your prescriptions through our mail order pharmacy program.

Most WSHIP plans have different copays or coinsurance for generics, preferred brands and non-preferred brand-name drugs; and some drugs require a coverage review (prior-authorization). A copy of our prescription drug formulary and information about coverage reviews and the mail order program is available at www.wship.org or by calling 1-800-859-8810.

LIMITED COVERED SERVICES

- Acupuncture
- Habilitative Services
- Home Health Care
- Massage Therapy
- Rehabilitation Services
- Skilled Nursing Facility
- 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, you must meet all of the following requirements:

- You are a resident of Washington State;
- You were enrolled in WSHIP prior to December 31, 2013 and have not had a termination of WSHIP coverage since then or you live in a Washington State county where an individual benefit plan is not offered during defined open enrollment or special enrollment periods; and
- You are not eligible for Medicaid or Medicare coverage.

CHANGING PLANS AFTER YOU ENROLL

Once you enroll in a plan, you may only switch plans every January 1st and you may only change to a plan that has the same or higher deductible and is not more comprehensive than your current plan.

PROVIDER NETWORKS

Provider network services are provided by First Choice Health for medical services. Visit www.fchn.com or call 1-800-231-6935 for network information. The retail and mail order pharmacy network is provided by Express Scripts; visit www.wship.org or call 1-800-859-8810 for pharmacy network information.

CARE MANAGEMENT

For Care Management services, call 1-800-432-8421. Services include medical necessity reviews and case and disease management programs.

PRIOR REVIEWS FOR MEDICAL NECESSITY

A medical necessity review should be requested by you or your provider before all admissions to a hospital, skilled nursing facility or other covered facility; and for outpatient services listed on your ID card. This review lets you and your provider know ahead of time if the service is Medically Necessary. We do not pay for any services that are determined by WSHIP to be not Medically Necessary. To request a review, call 1-800-432-8421.

MINIMUM ESSENTIAL COVERAGE DESIGNATION

Minimum essential coverage is designated by federal regulations to include state high risk pool coverage established before November 26, 2014 in any state. This includes WSHIP and means that WSHIP plans are designated as minimum essential coverage and satisfy the individual responsibility requirement of the Affordable Care Act and Internal Revenue Code. WSHIP benefits may not be the same as health plans in the individual market.

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.