**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 | None
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| (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** | per Individual
| $850 | per Family
| $1,700 |

### Covered Services

**Preventive Care** (coinsurance waived)
- Preventive care exams and immunizations
  - Coverage Limitation: $500 PCY
  - You pay: 0%

**Professional Services**
- Office, inpatient, and outpatient professional services
  - Coverage Limitation: 20%

**Diagnostic Services**
- Diagnostic x-ray & laboratory services
  - Coverage Limitation: 20%
- Mammography (coinsurance waived)
  - Coverage Limitation: 0%

**Hospital Services**
- Inpatient (2) and outpatient facility services
  - Coverage Limitation: 20%

**Emergency Care**
- Emergency room
  - Coverage Limitation: 20%

**Other Services**
- Acupuncture
  - Coverage Limitation: 12 visits PCY
  - You pay: 20%
- Ambulance
  - Coverage Limitation: 20%
- Chemical Dependency
  - Coverage Limitation: 30 Inpatient days PCY
  - You pay: 20%
- Diabetes Education (certified only; coinsurance waived)
  - Coverage Limitation: 28 Outpatient visits PCY
  - You pay: 0%
- Home Health Care (2)
  - Coverage Limitation: 130 visits PCY
  - You pay: 20%
- Hospice and Respite Care
  - Hospice: not limited
  - Respite: $7,500 PCY
  - You pay: 20%
- Massage Therapy (when prescribed by a physician)
  - Coverage Limitation: 12 visits PCY
  - You pay: 20%
- Maternity Services
  - Coverage Limitation: 20%
- Medical Supplies and Equipment (3)
  - Coverage Limitation: 20%
- Mental Health Services (2)
  - Coverage Limitation: 20%
- Oral Surgery
  - Coverage Limitation: 20%
- Physical, Speech, Occupational, and Respiratory Therapies (2)
  - Coverage Limitation: 20%
- Skilled Nursing Facility (2)
  - Coverage Limitation: 100 days PCY
  - You pay: 20%
- Spinal Manipulations
  - Coverage Limitation: 20%
- Tobacco Cessation (WSHIP’s designated provider only)
  - Coverage Limitation: 0% - WSHIP program
- Temporomandibular Joint (TMJ) Disorders
  - Coverage Limitation: $1,000 lifetime maximum
  - You pay: 20%
- Transplant Surgery (3)
  - Coverage Limitation: $350,000 lifetime maximum
  - You pay: 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: 1-800-877-5187
Mail: PO Box 1090, Great Bend, KS 67530
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.