



Your guide to applying for Washington Health

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Administered by the Washington State Health Care Authority

Be healthy with Washington Health!

Be healthy with Washington Health!

Life is just better when you are healthy at work, at school, and at play. Washington Health can improve your quality of life and keep you healthy. Washington Health coverage makes it easier for you to get preventive care and treat medical conditions before they become a problem.

What is Washington Health?

Since 1993, the Basic Health Plan has provided affordable health care coverage for Washington State residents. The same people who brought you this lifeline offer another option – with fewer restrictions, low cost, and just as reliable.

You and your family, as Washington residents, may qualify for the Washington Health Program. This unique program offers either \$75,000 or \$100,000 in health insurance coverage every year per family member. Members maintain low deductibles and, at times, no-cost coverage for basic health services. This provides coverage for those unexpected trips to the hospital. In most cases, \$75,000 or \$100,000 is plenty of coverage throughout the year.

Is this plan for me?

In order to qualify for Washington Health, you must:

- Be a Washington State resident;
- Not be eligible for free or purchased Medicare;
- Not be receiving Medicaid or subsidized Basic Health benefits;
- Not be confined to an institution at the time of enrollment; and
- Complete and pass the Standard Health Questionnaire (unless you are exempt under state law).

Don't wait for an accident or illness to sidetrack your life. If you are one of the nearly one million Washingtonians without coverage, Washington Health may be an option for you. Find out today if you qualify online at www.washingtonhealth.hca.wa.gov!

It's about choice

It's about choice!

Washington Health offers two coverage options—Health 75 and Health 100. You choose the annual coverage that best meets the needs for you and your family. Washington Health provides the same benefits regardless of the option you select.

Washington Health has partnered with Community Health Plan of Washington to provide coverage to all counties throughout the state. Their extensive network includes over 2,000 primary care providers, 13,500 specialists, 540 primary care sites, and nearly 100 hospitals.

Finally, choice doesn't mean going without!

Still want more choices?

Washington Health is about choice – offering discounts and low copays if you choose to receive care and prescription drugs from a Community Health Plan clinic. But choosing your own doctor is important too – so you are able to select from thousands of doctors in the Community Health Plan network while still maintaining a low deductible and coinsurance. Ultimately, you have the choice to see any provider accepting your health plan. You may pay a higher coinsurance and are subject to balance billing if you select a provider outside the network.

Any choice you make connects you to great basic coverage such as:

- Routine office visits and immunizations
- 24-hour nurse line
- Preventive screenings like mammograms and PAP smears
- Prescription drugs
- Emergency room and hospital care
- Maternity
- Diagnostic imaging and lab work
- Help with chronic illnesses

Peace of mind

MEDICAL PLAN (Per Calendar Year)			
Covered Benefit	PARTICIPATING PROVIDER	NONPARTICIPATING PROVIDER	Description
Annual Benefit Limit	Health 75 - \$75,000 Health 100 - \$100,000	Health 75 - \$75,000 Health 100 - \$100,000	Total maximum amount the plan will pay per person in any calendar year
Annual Deductible	\$500 per member/ \$1,500 per family	\$1,000 per member/ \$3,000 per family	The amount you pay every year before the plan pays for covered services
Coinsurance	30%	50%	Percentage of allowed charges you pay after you meet the deductible
Annual Out-of-Pocket Maximum <i>(Deductible does not apply)</i>	\$3,000 per member/ \$9,000 per family	\$5,000 per member/ \$15,000 per family	The set limit after which your plan pays 100% of the allowable charge

COVERED SERVICES (For Both Annual Benefit Limits of \$75,000 or \$100,000)			
Preventive Care*	Covered in full	Deductible, then 50%	Includes preventative immunizations, medical exams, sports physicals, women's health, well baby exams
Preventive Screenings*	Covered in full	Deductible, then 50%	PAP smear, PSA testing, colorectal cancer screening, cholesterol screening, bone density testing
Ambulance Transportation	Deductible, then 30%	Administered as Participating Provider	Includes transport to the nearest facility equipped to provide appropriate care
Chemical Dependency**	Deductible, then 30%	Deductible, then 50%	Diagnostic evaluation and education, organized individual and group counseling
Diagnostic Imaging and Laboratory Services	Deductible, then 30%	Deductible, then 50%	Includes x-rays, ultrasounds, CAT scans, MRIs, lab tests, and interpretations
Durable Medical Equipment	Deductible, then 30%	Deductible, then 50%	Includes orthotics, prosthetics, and related supplies
Emergency Room***	\$100 copay/visit	\$100 copay/visit	Includes the services of the facility and supplies
Home Health Care, Hospice	Deductible, then 30%	Deductible, then 50%	Specialized care services administered inpatient and outpatient

We've got you covered

COVERED SERVICES (For Both Annual Benefit Limits of \$75,000 or \$100,000)			
	PARTICIPATING PROVIDER	NONPARTICIPATING PROVIDER	Description
Hospital Care	Deductible, then 30%	Deductible, then 50%	Hospital room and board, surgery, anesthesia, intensive and coronary care, laboratory tests, radiology services, drugs while in hospital
Mammograms	Covered in full	Deductible, then 50%	Radiological procedure and explanation of results once every 12 months
Maternity Services⁺	\$5,000 Deductible, and 30% coinsurance	\$5,000 Deductible, and 50% coinsurance	Delivery and associated hospital care
Mental Health⁺⁺	Deductible, then 30%	Deductible, then 50%	Individual and family counseling
Office Visits (Including Urgent Care)	Clinic - \$10 copay Affiliate - Deductible, then 30%	Deductible, then 50%	Includes examination, consultation, evaluation, and treatment plan
Organ Transplants⁺⁺⁺	Deductible, then 30%	Deductible, then 50%	Professional and facility fees, diagnostic tests and exams, surgery, and follow-up care
Prescription Drugs	Tier 1 (generic): \$10 Tier 2 (brand name and non-formulary): 50%	Tier 1 (generic): \$20 Tier 2 (brand name and non-formulary): 50%	Drugs and medicine requiring a prescription including injectibles, contraceptive drugs, devices, and supplies
Rehabilitation[^]	Deductible, then 30%	Deductible, then 50%	Includes physical, occupational, and chiropractic services
Skilled Nursing Facility	Deductible, then 30%	Deductible, then 50%	Includes room and board, ancillaries, and professional fees

- * Benefits provided at 100% allowable charges, not subject to deductible or coinsurance (except for out-of-network, non-contracted provider)
- ** Benefits limited to \$5,000 every 24 months or \$10,000 lifetime maximum
- *** Entire Emergency Room Visit subject to deductibles and coinsurance, copay waived if admitted to the hospital
- + Deliveries occurring within the first six months of initial enrollment or re-enrollment are subject to \$5,000 deductible and coinsurance, otherwise subject to deductible and coinsurance
- ++ Limited to 10 inpatient visits per year and 12 outpatient visits per year (office visits to manage medication do not count toward 12 visit maximum)
- +++ 12 month waiting period applies, except for newborns or for a condition that is not pre-existing
- ^ Up to a combined maximum of 12 visits per year (of those no more than 6 can be for chiropractic care). Allowed only when used as post-operative treatment following reconstructive surgery (within one year after date of surgery).

Making it affordable

Washington Health Average Premium		Premiums by Region	Child 22 & under	Up to 25	25 – 29	30 – 34	35 – 39	40 – 44	45 – 49	50 – 54	55 – 59	60 – 64	65+
HEALTH 75	Use Tobacco Products	East	\$ 64.35	\$ 133.78	\$ 145.03	\$ 163.85	\$ 178.79	\$ 195.76	\$ 223.99	\$ 267.34	\$ 310.51	\$349.99	\$ 492.97
		Central	62.32	128.78	139.55	157.57	171.87	188.12	215.14	256.64	297.96	335.76	472.61
		West	70.96	150.09	162.91	184.36	201.39	220.73	252.90	302.31	351.50	396.50	559.44
	No Tobacco Products	East	64.35	114.31	123.69	139.37	151.82	165.97	189.49	225.61	261.58	294.48	413.62
		Central	62.32	110.15	119.13	134.14	146.06	159.60	182.11	216.70	251.13	282.62	396.67
		West	70.96	127.91	138.59	156.47	170.65	186.78	213.58	254.76	295.75	333.25	469.04
HEALTH 100	Use Tobacco Products	East	66.24	138.45	150.15	169.71	185.25	202.90	232.27	277.34	322.23	363.29	511.98
		Central	64.14	133.26	144.45	163.18	178.07	194.96	223.06	266.22	309.19	348.50	490.83
		West	73.12	155.42	168.75	191.05	208.76	228.88	262.34	313.72	364.88	411.67	581.14
	No Tobacco Products	East	66.24	118.05	127.80	144.10	157.21	171.93	196.38	233.79	271.37	305.58	429.49
		Central	64.14	113.88	123.21	138.82	151.22	165.30	188.72	224.68	260.49	293.24	411.85
		West	73.12	132.35	143.46	161.04	176.80	193.56	221.45	264.26	306.89	345.89	487.11

This is only an estimate by region. Premiums will also vary depending on your family size and county. Go to the online Premium Calculator at www.washingtonhealth.hca.wa.gov to estimate your monthly premiums or call Washington Health representatives today at 1-800-660-9840.

East Region

Ferry; Adams; Asotin; Columbia; Franklin; Garfield; Lincoln; Pend Oreille; Spokane; Stevens; Walla Walla; and Whitman.

Central Region

Benton; Chelan; Douglas; Grant; Kittitas; Klickitat; Okanogan; and Yakima.

West Region

Clallam; Clark; Cowlitz; Grays Harbor; Island; Jefferson; King; Kitsap; Lewis; Mason; Pacific; Pierce; San Juan; Skagit; Skamania; Snohomish; Thurston; Wahkiakum; and Whatcom.

Reading the fine print

There are some benefits and services NOT covered by Washington Health. We want you to be aware of them. Any treatment or service for these conditions are your responsibility and you will have to pay for them in full.

If you still have questions or want to see a complete list and all the details, read the *Washington Health Member Handbook* available at www.washingtonhealth.hca.wa.gov.

- Any unauthorized service or supply not specifically listed as a covered service
- Artificial insemination or in-vitro fertilization
- Cosmetic or reconstructive surgery (except as specifically provided)
- Custodial care
- Dental services (except as specifically provided)
- Emergency facility services for non-emergency conditions
- Eyeglasses, contact lenses, and non-routine eye examinations (not part of preventive care)
- Hearing aids
- Hospital charges for personal comfort items
- Immunizations, except as covered under “preventive care”
- Infertility or impotence treatment
- Learning disorders
- Missed appointment charges
- Neurodevelopmental disabilities
- Obesity/morbid obesity
- Replacement of lost or stolen medications
- Reversal of sterilization
- Services in excess of your specified benefit maximum
- Services payable by other types of insurance
- Services received when you are not covered by Washington Health
- Services that don’t meet the definition of “medical necessity”
- Sex change operation
- Unauthorized services
- Weight loss programs

Note: This document is intended as an overview of Washington Health and is not a contract or a complete list of benefits, limitations, and exclusions. More information can be obtained at www.washingtonhealth.hca.wa.gov.

Helpful definitions

Annual benefit limit

This is the dollar amount your health plan pays **each year** for the services which are covered.

Balance Billing

When you visit an out-of-network provider without a referral from your health plan, you are subject to paying additional fees. In addition to copays, deductibles, and coinsurance, you will pay the difference between the amount your health plan allows for the service and what the provider chooses to bill for the service, which is generally not discounted.

Coinsurance

The percentage you pay for certain services after you have paid your annual deductible. Your health plan pays the remaining amount.

Copay

A set dollar amount you pay when you receive specific services. Copays do not apply toward your deductible, coinsurance, or out-of-pocket maximum and not all services require a copay.

Deductible

The amount you pay each calendar year before your health plan starts to pay for services with coinsurance. The deductible will not apply toward your out-of-pocket maximum.

Inpatient

Care you receive for covered services which results in an overnight or longer stay at a hospital or health care facility.

Nonparticipating Provider (Out-of-Network)

Care received from primary care providers, specialists, primary care sites, and hospitals which are **not** contracted with Community Health Plan of Washington. If you receive care from a nonparticipating provider, and do not have a referral from your primary care provider, be prepared to pay additional costs for services received.

Out-of-pocket limit

The most coinsurance you will have to pay in a calendar year for each covered family member. Only your coinsurance costs apply toward your out-of-pocket limit.

Outpatient

Covered services which do not require a stay in a hospital. Such care could be received at a physician's office, in a hospital outpatient facility, or a surgical center.

Participating Provider (In-Network)

Care you receive from a Community Health Plan of Washington clinic or from primary care providers, specialists, primary care sites, and hospitals which are contracted with Community Health Plan of Washington.

Pre-existing condition

An illness, injury, or condition for which there has been diagnosis, treatment (including prescribed drugs), or medical advice and consultation six months immediately preceding your effective date of enrollment.

Primary Care Provider (PCP)

Your personal health care provider. Your primary care provider can be a family or general practitioner, internist, pediatrician, or other provider approved by your health plan.

Standard Health Questionnaire

A *Standard Health Questionnaire* asks applicants about recent health coverage and medical history. Completing a *Standard Health Questionnaire (SHQ)* is required for enrollment in the Washington Health Program, unless you are exempt.

How do I sign up? It's as easy as 1-2-3.

1. Fill it out

- a. Fill out the *Washington Health Application* as completely as possible. One application is needed per family (list only the family members requesting coverage).
- b. Complete a *Standard Health Questionnaire (SHQ)* for **each family member** requesting coverage.

The *SHQ* is available online to download at www.washingtonhealth.hca.wa.gov. If you have questions, call 1-800-660-9840.

- c. We need your proof of address.

You must send a copy of one document showing your name and current street address. Some examples include:

- Current utility bill showing your physical street address
- Washington State driver license or identification (ID) card
- Rent or mortgage receipt
- If you live with someone else, have them sign a statement saying you live with them and send proof of their address.
- Current school registration

If you provide a valid Washington State driver license or identification card number on your application, you do not need to send anything.

Please note: Documents showing only a post office box are not proof of your street address.

2. Submit it all

Mail your application, SHQ, and proof of residency materials to:

Washington Health Program
PO Box 42714
Olympia, WA 98504-2714

Or fax it to:
360-923-2610

3. Pay for it

After we approve your coverage, we will send you a bill for your first month's coverage.

Want to know more?

Visit our website to enroll today:
www.washingtonhealth.hca.wa.gov

Or call and speak to us:
1-800-660-9840

Got questions about health providers or available services?

Community Health Plan of Washington is ready to help:

Toll-free Phone: 1-800-440-1561
TTY/TTD Phone: 1-800-833-6388

Customer Service Hours:
Monday–Friday 8 a.m.–6 p.m.

www.chpw.org



Washington State Health Care Authority
PO Box 42714
Olympia, WA 98504
HCA 27-250 (1/12)

Want to know more?
Call and speak to us: 1-800-660-9840

To obtain this document in another format (such as Braille or audio), call our
Americans with Disabilities Act (ADA) Coordinator at 360-923-2714.
TTY users may call this number through the Washington Relay Service by dialing 711.