



## Overview: Washington Health Program (Non-subsidized Basic Health)

- What is the need?** Over 100,000 Washington residents are on a waiting list to get into the state's Basic Health program. With health care reform in its infancy, and limited funds for Basic Health, there are no alternatives for low-income people needing health care coverage. Individual plans are beyond their affordability. All they have are emergency rooms, where treatments cost the most. When those people can't pay their ER bill, we all pay more for our health care.
- What is WHP?** Washington Health is part of the state's popular Basic Health program – both are administered by the Washington State Health Care Authority. Basic Health provides coverage to 68,000 Washington residents, with the state paying a portion of their premiums based on their income level. WHP provides essentially the same benefits as Basic Health, but with no subsidy and no cost to the state. Enrollees pay the full premium, plus a small amount for administrative costs. HCA contracts with Community Health Plan of Washington to provide WHP coverage.
- What is the cost to enrollees?** Premiums are as low as \$100 per month. A 35 year old person can expect to pay between \$125 and \$183 depending on their location and the coverage options they choose. This is far less than what is available in the private insurance market. Enrollees also have low deductibles and copayments.
- Why are costs lower for WHP?** To hold down costs, WHP members have the option of choosing \$75,000 or \$100,000 in health insurance coverage every year. This is lower than payout maximums in other plans, but in most cases, \$75,000 or \$100,000 is plenty of coverage throughout the year. By comparison, less than 2% of Basic Health enrollees reached \$75,000 total cost in 2009.
- Who can apply?** WHP is available to any Washington resident who is not enrolled in Basic Health, Medicaid or eligible for Medicare. It is designed for low income people, but there are no income limitations. It is available anywhere in the state.
- How to apply** There are several easy steps involved in WHP enrollment
- WHP applications are available at [www.washingtonhealth.hca.wa.gov](http://www.washingtonhealth.hca.wa.gov)
  - A Standard Health Questionnaire must be filled out for each family member requesting coverage. The SHQ is also available online.
  - Proof of Washington residency
- More information**
- Go to the WHP website at [www.washingtonhealth.hca.wa.gov](http://www.washingtonhealth.hca.wa.gov)
  - Call 1-800-660-9840
  - Fax 360-923-2610

## 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 now 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. 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 you?

Washington Health is available to anyone who lives in Washington and:

- Is not eligible for free or purchased Medicare.
- At the time of enrollment, is not confined to an institution.
- Is ineligible for coverage under the Washington State Health Insurance Pool (WSHIP) or qualifies to bypass the standard health questionnaire under state law.
- Is not receiving Washington Department of Social and Health Services (DSHS) medical assistance (Medicaid) or subsidized Basic Health benefit.

## It's about choice!™

Washington Health offers two 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 1,600 primary care providers, 9,000 specialists, 300 primary care sites, and over 90 hospitals.

## 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.

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 illness

<http://www.washingtonhealth.hca.wa.gov/apply.html>

### **Applying for Washington Health is 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. You can download the application or fill it out and submit it **online!**
- b. Complete a [Standard Health Questionnaire \(SHQ\)](#) for each family member requesting coverage. 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

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

Please note: If you submit your application online, you will still need to mail or fax your agreement page, SHQ(s), and proof of residency.

#### **3. Pay for it**

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

### **After the Application**

#### **After you send in the Washington Health Application**

Washington Health processes applications on a first-come, first-served basis. "Processing" means that a Washington Health staff member will review your application, Standard Health Questionnaire, and residence verification documents. If you are eligible and your documentation is complete, we will send you a bill for your first month's premium. This bill will tell you when your Washington Health coverage will begin, as long as your payment is received by the due date.

Once you are enrolled, Community Health Plan will send ID cards for you and your enrolled family members. The enrollment confirmation letter you receive from Washington Health can serve as temporary identification until you receive your card.

At least once a year, Washington Health will ask you to verify your eligibility. To ensure your continued enrollment in the program, you must respond to any requests for information completely and by the due date given at that time. This process is called "recertification." On an ongoing basis, you are responsible for letting us know if any of the information used to verify your eligibility for Washington Health changes.

## Community Health Plan of Washington

**Toll-Free Phone:** 1-800-440-1561

**TTY/TDD Phone:** 1-866-816-2479

**Customer Service Hours:** Mon. - Fri. 8 a.m. - 6 p.m.

<http://www.washingtonhealth.hca.wa.gov/choosing.html>

### Choosing Your Health Plan

Think about the following things when choosing a health plan. If you have questions or need specific information, call the [health plan directly](#).

### Benefits

Whether you choose Health 75 or Health 100, Washington Health offers the same [basic benefits](#), but monthly premiums, providers, and some details of coverage vary.

### Doctors or other Providers

Be sure to consider your choice of providers (doctors, clinics, hospitals, pharmacies, and other health care professionals), as well as monthly premiums when making your selection. Your current provider, or the providers nearest you, may not contract with Community Health Plan of Washington. You will also have the option of seeing a provider out-of-network, but it will cost you more out of pocket.

If you have a specific provider you would like to see, ask if he or she plans to participate with Washington Health and the health plan you've chosen. You should also confirm this with Community Health Plan.

### Provider Groups

Some health plans may contract with provider groups, called subnetworks; this may limit your choice of providers. You may be required to see specialists or use facilities, such as hospitals, which are in the same subnetwork as your Primary Care Provider (PCP). This means that even if a provider is listed with your health plan, the provider's services may not be available to you unless the provider is also affiliated with your PCP. Call the health plan or your PCP to find out if your PCP can refer you to anyone listed as a provider with that health plan, or if your PCP can refer you to only a selected group of providers within Community Health Plan. You may see a specialist or use a facility that is out-of-network, but you will pay more for these services.

### Prescription Drugs

If you take medications regularly, ask Community Health Plan if it covers them. Be sure to ask the health plan about the cost of the specific drugs you are taking. Health plans do not all cover the same drugs.

### Maternity

If you or an enrolled family member becomes pregnant, Washington Health will provide you with information on the Maternity Benefits Program available through the [Department of Social and Health Services](#) (DSHS). Washington Health provides maternity-related services. However, deliveries occurring within the first six months of initial enrollment or re-enrollment are subject to a \$5,000 deductible.

## **WAITING PERIODS**

### **Pre-Existing Conditions**

Generally, you must wait nine months from the day your coverage begins before Washington Health covers pre-existing conditions, except for maternity care and prescription drugs. The pre-existing condition waiting period does not apply to children up to age 19.

A pre-existing condition is an illness, injury, or condition for which, in the six months immediately preceding a member's effective date of enrollment in Washington Health:

- Treatment, consultation, or a diagnostic test was recommended for or received by the member;
- Medication was prescribed or recommended for the member; or
- Symptoms existed which would ordinarily cause a reasonably prudent individual to seek medical diagnosis, care, or treatment.

If you had coverage similar to Washington Health coverage at any time during the three months just before you applied for or were enrolled in Washington Health, your waiting period for treatment of a pre-existing condition may be waived or shortened.

If you had to wait for Washington Health coverage, you may receive up to three months' credit toward the waiting period. (This does not apply to the waiting period for organ transplant services.)

### **Waiting Period for Organ Transplant Procedures**

You must be enrolled in Washington Health for 12 months in a row before you are covered for an organ transplant, unless:

- The transplant is for a condition that was not pre-existing.
- The transplant is for a child who has had Washington Health coverage since birth.
- The transplant is for a child placed for adoption in the home of a Washington Health member within 60 days of birth and the child is continuously covered by Washington Health from the date of placement, if one or both of the adoptive parents, or family members were enrolled in Washington Health when the child was placed.

The waiting period for coverage of organ transplants will not be waived or reduced because of either:

- Other similar coverage in effect before your Washington Health enrollment, or
- Time spent waiting for Washington Health coverage.

### **Definitions and Examples**

#### **Copay**

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

#### **Example of how a copay works**

Sally takes her son, Charlie, to the pediatrician for a bad cough. Sally pays the office visit copay (\$10 or \$30) at the doctor's office.

## Deductible

The amount you pay each calendar year before your health plan starts to pay for covered services with coinsurance. You will be responsible for paying the first \$500 (\$1,000 out-of-network) of certain covered medical costs before your health plan pays the 70% (50% out-of-network) of the covered services. The annual deductible must be met for each family member enrolled in Washington Health. The deductible does not apply towards the annual out-of-pocket maximum.

### Example of how a deductible works

John falls off his roof and is taken to the hospital by ambulance. The ambulance service is subject to his annual deductible. John has not paid anything toward his deductible, so he is responsible for the first \$500 of the \$600 cost. He also is responsible for paying 30% coinsurance of the remaining bill.

<b>Ambulance Services</b>	\$600
John's deductible	\$500
Remaining bill	\$100
John pays 30% of remaining bill	\$30
Health plan pays 70% of remaining bill	\$70
John's total cost	\$530

Because John met his \$500 deductible, he will only pay copays and the 30% coinsurance for the rest of the year until he reaches his out-of-pocket maximum.

## Coinsurance

The percentage you pay when your health plan pays less than 100% for covered services. Your health plan will not pay toward services with a coinsurance until you have paid your annual deductible. You will be responsible for paying 30% (50% out-of-network) of the cost of services that have a coinsurance. Your health plan will pay the remaining amount.

### Example of how a coinsurance works

Sally is hospitalized for an injury. The hospital stay costs \$1,000. The hospital stay is subject to her annual deductible. Sally has already paid her annual deductible, so she pays 30% coinsurance for the hospital stay and her health plan pays the remaining 70%.

<b>Hospital Stay</b>	\$1,000
Sally pays 30%	\$300
Health plan pays 70%	\$700

## Out-of-Pocket Maximum

Your coinsurance costs apply toward your out-of-pocket maximum of \$3,000 (\$5,000 out-of-network) per person, per calendar year. When you or another covered family member reaches the out-of-pocket maximum, you are not responsible for any further coinsurance costs for covered services received by that person during that year. Your health plan will pay 100% of the charges for all coinsurance costs. However, you will still be required to pay applicable copays.

### Example of how out-of-pocket maximum works

When John fell off the roof, he seriously damaged his knee. He will need three surgeries to repair the damage. Each surgery will cost \$5,000 and his coinsurance is 30%. The surgeries are subject to his annual deductible, which he has already met with the ambulance service.

<b>First Surgery</b>	\$5,000
John pays 30%	\$1,500
Health plan pays	\$3,500

For the second surgery, John will not have to pay the full 30% coinsurance, because he has already paid \$30 for the ambulance service and the \$1,500 for the first surgery, that go toward his annual out-of-pocket maximum of \$3,000.

<b>Second Surgery</b>	\$5,000
John pays the remainder of his \$3,000 out-of-pocket maximum	\$1,470
Health plan pays	\$3,530

As long as the third surgery occurs in the same calendar year, John will not have to pay any deductible or coinsurance because he has already paid his out-of-pocket maximum with the ambulance service and the first two surgeries.

<b>Third Surgery</b>	\$5,000
John pays	\$0
Health plan pays	\$5,000

John will still be responsible for paying his copays for follow-up office visits, prescription drugs, and for non-covered services.

### Explanation of Benefits (EOB)

Each time you receive medical services, Community Health Plan will send you a detailed statement explaining which procedures and services were given, how much they cost, how much your plan pays, and how much you pay.