~~**WSU'S "WHAT IF" PROPOSAL RE APPENDIX A**~~
~~**1/10/24**~~
Appendix I (Healthcare)

1. ~~For the period ending July 31, 2024,~~ All benefit and cost-sharing terms of 2023/24 graduate student assistant health and dental insurance benefits provided to eligible ASEs are summarized below:

   [Insert existing benefits summary]

2. For the period running from August 16, 2024 through ~~July 31~~August 15, 2025, all benefit and cost-sharing terms of 2023/24 graduate student assistant insurance program not listed below shall be continued. In addition the following changes shall be included in the plan: ~~University will pay on behalf of eligible ASEs a maximum of the renewal cost of the existing health and dental insurance benefits or $3,135 per student, whichever is greater.~~

~~**The preferred provider network will be expanded**~~
Deductible Preferred Provider $300 ~~$500~~ (Per Insured Person, Per Policy Year)
Deductible Out-of-Network $300 ~~$1,000~~ (per Insured Person, Per Policy Year)
~~**Coinsurance Preferred Provider** 90% 80% except as noted below~~
~~**Coinsurance Out-of-Network** 80% 60% except as noted below~~
Out-of-Pocket Maximum $1,500 ~~$1,000 $5,000~~ (Per Insured Person, Per Policy Year)
Out-of-Pocket Maximum $3,000 ~~$2,000 $10,000~~ (For all Insureds in a Family, Per Policy Year)

Benefit	In network	Out of network
~~**Physician's Visits**~~	~~95% 80% of Preferred Allowance after Deductible~~	~~95% 60% of Usual and Customary Charges after Deductible~~
~~**Physiotherapy**~~ ~~Review of Medical Necessity will be performed after 12 visits per Injury or Sickness.~~	~~95% 80% of Preferred Allowance after Deductible~~	~~95% 60% of Usual and Customary Charges after Deductible~~
~~**Diagnostic X-ray Services**~~	~~95% 80% of Preferred Allowance after Deductible~~	~~95% 60% of Usual and Customary Charges after Deductible~~

Laboratory Procedures Lab work billed or referred by CHS Pullman Campus, Multicare Rockwood Clinic, Community Health of Central Washington and CHS Vancouver Clinic will be covered at 100%.	95% 80% of Preferred Allowance after Deductible	95% 60% of Usual and Customary Charges after Deductible
Tests & Procedures	95% 80% of Preferred Allowance after Deductible	95% 60% of Usual and Customary Charges after Deductible
Mental Illness Treatment See Benefits for Mental Disorders and Substance Use Disorders	**Inpatient:** 100% 80% of Preferred Allowance after Deductible **Outpatient office visits:** $25 Copay per visit 100% 80% of Preferred Allowance after Deductible **All other outpatient services, except Medical Emergency Expenses and Prescription Drugs:** 100% 80% of Preferred Allowance after Deductible	**Inpatient:** 100% 60% of Usual and Customary Charges after Deductible **Outpatient office visits:** $25 Copay per visit 100% 60% of Usual and Customary Charges after Deductible **All other outpatient services, except Medical Emergency Expenses and Prescription Drugs:** 100%% 60% of Usual and Customary Charges after Deductible
Maternity	95% 80% of Preferred Allowance $25 Copay per visit for Outpatient Physician's Visits after Deductible 95% 80% of Preferred Allowance for other covered services after Deductible	95% 60% of Usual and Customary Charges $25 Copay per visit for Outpatient Physician's Visits after Deductible 95% 60% of Usual and Customary Charges for other covered services after Deductible

~~**Substance Use Disorder Treatment**~~ ~~See Benefits for Mental Disorders and Substance Use Disorders~~	~~**Inpatient:** 95% 80% of Preferred Allowance after Deductible~~ ~~**Outpatient office visits:** $25 Copay per visit 95% 80% of Preferred Allowance after Deductible~~ ~~**All other outpatient services, except Medical Emergency Expenses and Prescription Drugs:** 95% 80% of Preferred Allowance after Deductible~~	~~**Inpatient:** 95% 60% of Usual and Customary Charges after Deductible~~ ~~**Outpatient office visits:** $25 Copay per visit 95%60% of Usual and Customary Charges after Deductible~~ ~~**All other outpatient services, except Medical Emergency Expenses and Prescription Drugs:** 95% 60% of Usual and Customary Charges after Deductible~~
Vision Care Supplies Covered Students age 19 and older only. There is a combined maximum of 350~~$200~~ for Lenses and Frames, including contact lenses.	100% of Preferred Allowance not subject to Deductible	100% of billed charges not subject to Deductible
Routine Eye Exam Covered Students age 19 and older only. Limited to one per Policy Year.~~, up to a $100 maximum. The maximum does not apply when services are rendered at the CHS.~~	100% of Preferred Allowance not subject to Deductible	100% of billed charges not subject to Deductible
STD Screening Not otherwise covered under Preventive Care, the physician office visit and laboratory tests are covered including a urinalysis and the comprehensive metabolic panel.	100% ~~80%~~ of Preferred Allowance after Deductible	95% ~~60%~~ of Usual and Customary Charges after Deductible

Gender Affirming Care • Office visits • Inpatient Facility Fees • Other Professional Services The following are examples of covered services: • Breast/chest affirmation surgery • Genital affirmation surgery • Rhinoplasty or nose implants • Face-lifts • Lip enhancement or reduction • Facial bone reduction or enhancement • Blepharoplasty • Breast augmentation to any size • Liposuction of the waist (body contouring) • Reduction thyroid chondroplasty • Hair removal • Voice modification surgery (laryngoplasty or shortening of the vocal cords) • Skin resurfacing	100% of Preferred Allowance after Deductible	95% of Usual and Customary Charges after Deductible
Cellular Immunotherapy And Gene Therapy Medically necessary immunotherapy and gene therapy, such as CAR-T immunotherapy.	90% of Preferred Allowance after Deductible	

3. For the period running from August 16, 2025 through ~~July 31~~August 15, 2026, all benefit and cost-sharing terms of 2024/25 graduate student assistant insurance program not listed below shall be continued. In addition the following changes shall be included in the plan: ~~\the University will pay on behalf of eligible ASEs a maximum of the renewal cost of the existing health and dental insurance benefits or $3,323 per student, whichever is greater.~~

~~**Coinsurance Out-of-Network** 85%80% 60% except as noted below~~

Out-of-Pocket Maximum $1,200 ~~$1,000$5,000~~ (Per Insured Person, Per Policy Year)

Out-of-Pocket Maximum $2,400 ~~$2,000$10,000~~ (For all Insureds in a Family, Per Policy Year)

4. The parties will meet within one (1) week of the date the University receives final bids from its insurance carriers or prospective insurance carriers to discuss benefit additions or changes that will result in a final insurance premium for health and dental insurance with benefits designs as described above.~~within the maximum costs identified in Paragraphs 3 and 4 above~~