I’m on Medicare.

How would the Whole Washington Health Trust (WWHT) affect me?

Here we will explain how the Whole Washington Health Trust will expand coverage and reduce costs using a state-level universal healthcare program.

The Current System

Right now with Medicare, you’re part of a program administered by the Federal government. Your Medicare premiums come out of your SSI or SSDI payments. If you have supplemental coverage (such as Medigap, Medicare Advantage and/or Part D prescription drug coverage) you have additional premiums for services and fees not covered with basic Medicare. With Medicare coverage, you may have copays, coinsurance, and deductibles. Even those who are “dual eligible” for Medicare and Medicaid may have out of pocket costs.

Option to Remain As Is

If you’re happy with your current Medicare option, you can continue with it, just as you are today. After 51% of Washington residents enroll in the Whole Washington Health Trust, it would be the only secondary insurance option for essential benefits. You would still have Medicare as your primary insurance.

Option to Enroll In Whole Washington Plan

After WWHT passes, you will have the choice to enroll in the Whole Washington Health Trust for secondary insurance as a Medicare Advantage plan. Medicare would still be your primary coverage. If you enroll in the Whole Washington plan, you will receive the expanded, comprehensive benefits available through the Trust including vision, dental, hearing, and prescription co-pay caps of $250/year.

The Monthly Premium

If you opt in, you may be obligated to pay a Monthly Premium. You’ll have the same Monthly Premium cost protections as other Washington residents, based on where your income is relative to the Federal Poverty Level (FPL).

- If you’re below 200% of the FPL (less than $24,280 for a single person household / $32,920 for two), you won’t owe any Monthly Premium.
- If you’re above 200% of the FPL, you’d have a monthly premium. The Board of the new health trust will determine the final amount of the premium; however, the most your premium would be is $200/month.
  - If the Board follows the recommendations of Dr. Gerald Friedman, who conducted the financial analysis that is the basis for the 1-1600, the Monthly Premium scale would be $34 (200-233% FPL), $67 (233-267% FPL), $101 (267-300% FPL) or $134 (>300% FPL) per month.

It’s possible the Monthly Premium could be eliminated at some point. The Board of Whole Washington Health Trust is required to lower the premium as much as possible each year, but it can never go above $200 per month. If the Trust operates at a deficit of >10% for two consecutive years, the Financial Advisory Committee and the Board must recommend a remedy to the Legislature after holding public hearings in every region of the state for citizen feedback.
How would the Whole Washington Health Trust (WWHT) affect me?
(continued)

Reimbursements
If your household income is under 200% of the Federal Poverty Level (less than $24,280 for a single person household / $32,920 for two people) your Medicare premiums would be reimbursed by the Whole Washington Health Trust. However, our study ensured the Trust would have enough revenues to reimburse Medicare premiums all residents (regardless of income). It was important to account for this in the study because the Board is required to reduce premiums for all residents as much as possible. Medicare Part A premiums would have to be reimbursed through the trust unless a federal waiver is negotiated to integrate this federal program more directly.

If the Whole Washington Board follows the recommendations of Dr. Gerald Friedman, which is likely, premiums for all Medicare recipients who enroll in Whole Washington would be refunded (not just those under 200% of FPL).

Federal Waivers
The process described above is complicated due to coordination and transfer of funds between federal and state entities. However, it gives Medicare recipients the ability to join the Whole Washington Health Trust as soon as possible without the need for a Federal Waiver. The Whole Washington plan meets the benefit requirements to qualify as a Medicare Advantage plan and can administer Medicare benefits without special permission from the federal government.

Q. What’s a Federal Waiver, anyway?
A. A Federal Waiver is granted by federal entities in negotiations with state entities. If granted, the “waived” health program can be integrated to fund the state Universal Healthcare program directly. This would save the federal government administrative costs because there would be large scale transfer of federal funds to the state Trust to cover medical services for state Medicare recipients instead of paying for services on an individual claim basis.

Post Federal Waiver
If and when Federal Waivers are obtained, you will no longer need to pay Medicare premiums, and reimbursements won’t be necessary. Instead, you’ll pay the Whole Washington Health Trust’s Monthly Premium, and the Washington Health Trust will pay into Medicare on your behalf.

Whether it’s a direct payment (post-Federal waiver) or a deduction and reimbursement (pre-Federal waiver), you will have immediate access to the statewide option of providers and the comprehensive healthcare as defined in the initiative.

Summary

The Whole Washington Health Trust is a big win for Medicare recipients!

- Your benefits expand to include medical, vision, dental, audiology and prescriptions.
- Co-pays and deductibles are eliminated for everything but prescriptions.
- There’s a cap on prescription costs -- never more than $250/per person per year.
- There’s a maximum amount for the monthly premium -- never more than $200/month.
- Low income earners are reimbursed for all Medicare premiums (anyone whose only income is SSDI or SSI).
- There’s no “dual eligibility” loophole that requires spending down your income to get care with no out of pocket costs.
- No networks - all providers in the state can accept the state plan and enjoy simple healthcare focused negotiations for reimbursements!
- No more shopping for complicated plans!