westernhealth ADVANTAGE

deductible plan

WESTERN 1000/40/500 HMO PRIME

COPAYMENT SUMMARY a uniform health plan benefit and coverage matrix

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE/DISCLOSURE FORM AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

ANNUAL DEDUCTIBLE

The annual deductible is the amount of money a member or family must pay for covered services before WHA is responsible for covered services. Each member enrolled as a family must meet the Individual with Family coverage amount or Family coverage amount, whichever is met first. Once the deductible is met, the relevant copayment(s) will apply.

member responsibility	Medical Deductible (AD = After Deductible)
$1,000	Self-only coverage
$1,000	Individual with Family coverage
$2,000	Family coverage
	Prescription Tiers 2 – 3 Deductible
$150	Self-only coverage or Individual with Family coverage

ANNUAL OUT-OF-POCKET MAXIMUM

The out-of-pocket maximum is the most a member will pay in a calendar year for covered services. It includes the deductible and copayments. Once the deductible and copayment costs reach the annual out-of-pocket maximum, WHA will cover 100% of the covered services for the remainder of the calendar year. Amounts paid for non-covered services do not count toward a member's out-of-pocket maximum.

member responsibility	Out-of-Pocket Maximum
$4,000	Self-only coverage
$4,000	Individual with Family coverage
$8,000	Family coverage
none	Lifetime maximum

COVERED WITHOUT COST-SHARING

Preventive care services and some prescription medications (generic required) are covered at no cost to the member, as outlined under EOC/DF section Preventive Services Covered without Cost-Sharing. See additional benefit information at mywha.org/preventive.

- Annual physical examinations and well baby care
- Immunizations, adult and pediatric
- Women's preventive services
- Routine prenatal care and lab tests, and first post-natal visit
- Breast, cervical, prostate, colorectal and other generally accepted cancer screenings
- Family planning, including FDA-approved contraception and sterilization procedures; counseling, education
- Aspirin, folic acid (including in prenatal vitamins), fluoride for preschool age children, tobacco cessation medication, contraceptives

NOTE: In order for a service to be considered "preventive," the service must be provided or ordered by your PCP or OB/GYN, and the primary purpose of the visit must be to obtain the preventive service. In the event you receive additional services that are not part of the preventive exam (for example, procedures or labs resulting from screenings or in response to your medical condition or symptoms), you will be responsible for the cost of those services as described in this copayment summary.

COVERED WITH COST-SHARING

cost to member	Deductible/percentage copayments are based on WHA's contracted rates with the provider of service
	Professional Services
$40 per visit	Office or virtual visits, primary care and other practitioners not listed below
$40 per visit	Office or virtual visits, specialist
$40 per visit	Vision and hearing examinations; with the exception of pediatric vision exams, copayments for these services do not contribute to the medical out-of-pocket maximum
	Outpatient Services
	Outpatient surgery
$40 per visit	• Performed in office setting
$250 per visit **AD**	• Performed in facility — facility fees
none	• Performed in facility — professional services
none	Dialysis, chemotherapy, infusion therapy and radiation therapy
none	Laboratory tests, X-ray and diagnostic imaging
none	Imaging (CT/PET scans and MRIs)
$5 per visit	Therapeutic injections, including allergy shots
	Hospitalization Services
$500 per day **AD**	Facility fees — semi-private room and board and hospital services for acute care or intensive care, including: • Newborn delivery (private room when determined medically necessary by a participating provider) • Use of operating and recovery room, anesthesia, inpatient drugs, X-ray, laboratory, radiation therapy, blood transfusion services, rehabilitative services, and nursery care for newborn babies
none	Professional inpatient services, including physician, surgeon, anesthesiologist and consultant services
	Urgent and Emergency Services
	Outpatient care to treat an injury or sudden onset of an acute illness within or outside the WHA Service Area:
$40 per visit	• Physician's office or virtual visit
$45 per visit	• Urgent care virtual visit
$50 per visit	• Urgent care center
$100 per visit **AD**	• Emergency room — facility fees (waived if admitted)
none	• Emergency room — professional services
none	• Ambulance service as medically necessary or in a life-threatening emergency (including 911)
	Prescription Coverage
see Rx Copayment Summary	Outpatient prescription medications are covered under the prescription rider plan
	Durable Medical Equipment (DME)
20%	Durable medical equipment when determined by a participating physician to be medically necessary and when authorized in advance by WHA
$40	Orthotic and prosthetic devices when determined by a participating physician to be medically necessary and when authorized in advance by WHA
	Behavioral Health Services
	Mental Health Disorders and Substance Use Disorders
$40 per visit	• Office or virtual visit
none	• Outpatient other services
$500 per day **AD**	• Inpatient hospital services, including detoxification — provided at a participating acute care facility
$125 per day **AD**	• Inpatient hospital services — provided at residential treatment center
none	• Inpatient professional services, including physician services

COVERED WITH COST-SHARING

cost to member	Deductible/percentage copayments are based on WHA's contracted rates with the provider of service
	Other Health Services
none	Home health care when prescribed by a participating physician and determined to be medically necessary, up to 100 visits in a calendar year
$500 per day **AD**	Skilled nursing facility, semi-private room and board, when medically necessary and arranged by a primary care physician, including drugs and prescribed ancillary services, up to 100 days per calendar year
none	Hospice Services
$40 per visit	Habilitation services
$40 per visit	Outpatient rehabilitative services, including: • Physical therapy, speech therapy and occupational therapy, when authorized in advance by WHA and determined to be medically necessary • Respiratory therapy, cardiac therapy and pulmonary therapy, when authorized in advance by WHA and determined to be medically necessary and to lead to continued improvement
$500 per day **AD**	Inpatient rehabilitation
none	Abortion and abortion-related services
$15 per visit	Acupuncture and chiropractic services are provided through Landmark Healthplan of California, Inc., no PCP referral required. See additional benefit information at mywha.org. • Acupuncture, up to 20 visits per year • Chiropractic care, up to 20 visits per year; copayments do not contribute to the medical out-of-pocket maximum

MANAGING YOUR DEDUCTIBLE PLAN: To review amounts applied to your annual deductible and out-of-pocket (OOP) maximum, simply access your accumulator at **mywha.org**. If you have any questions about how much has been applied to your deductible or annual OOP maximum, or whether certain payments you have made apply to the OOP maximum, call WHA Member Services. Once you have satisfied your OOP maximum, you may request a written statement confirming that you do not have to pay any more copayment or deductible amounts for covered services through the end of the calendar year.