westernhealth ADVANTAGE

WHA OFF EXCHANGE SILVER 70 HMO

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 DEDUCTIBLES

The **medical deductible** is the amount of money a member or family must pay for certain covered services before WHA is responsible for those covered services. Each member enrolled as a family must meet the Individual with Family coverage amount or the Family coverage amount, whichever is met first. The **pharmacy deductible** amount is per member, even if enrolled as a family, and applies to covered medications. Once the deductible(s) are met, the relevant copayment(s) will apply. Amounts paid for non-covered services/medications do not count toward a member's deductibles.

member responsibility	**Medical Deductible** • AD = After Deductible
$4,700	Self-only coverage
$4,700	Individual with Family coverage
$9,400	Family coverage

	Prescription Deductible (Tiers 2 – 4) • AD Rx = After Prescription Deductible
$50	Self-only coverage
$50	Individual with Family coverage
$100	Family coverage

ANNUAL OUT-OF-POCKET MAXIMUM

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

member responsibility	**Out-of-Pocket Maximum**
$11,650	Self-only coverage
$11,650	Individual with Family coverage
$23,300	Family coverage
none	Lifetime maximum

COVERED WITHOUT COST-SHARING — NOT SUBJECT TO DEDUCTIBLE

Preventive care services and some Prescription medications 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
- Adult and pediatric immunizations, including those for flu and COVID-19
- 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
- Certain preventive medications and supplements, available as prescription and/or over-the-counter (OTC); see Prescription Drug Coverage section of this Copayment Summary for details

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

$50 per visit	Office or virtual visits, primary care and other practitioners not listed below
$100 per visit	Office or virtual visits, specialist
none	Pediatric vision examination, when provided through Vision Service Plan (VSP), for members up to age 19

Outpatient Services

	Outpatient surgery
$50/$100 per visit	• Performed in office setting (primary care/specialist copayment applies)
30%	• Performed in facility — facility fees
30%	• Performed in facility — professional services
30%	Dialysis, chemotherapy, infusion therapy and radiation therapy
$50 per visit	Laboratory tests
$95 per visit	X-ray and diagnostic imaging
$325 per visit	Imaging (CT/PET scans and MRIs)
$5 per visit	Therapeutic injections, including allergy shots

Hospitalization Services

30% 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
30%	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:
$50/$100 per visit	• Physician's office or virtual visit (primary care/specialist copayment applies)
$50 per visit	• Urgent care virtual visit
$50 per visit	• Urgent care center
$400 per visit	• Emergency room — facility fees (waived if admitted)
none	• Emergency room — professional services (waived if admitted)
$255 per trip	• Ambulance service as medically necessary or in a life-threatening emergency (including 911)

Durable Medical Equipment (DME)

20%	Durable medical equipment when determined by a participating physician to be medically necessary and when authorized in advance
20%	Orthotic and prosthetic devices when determined by a participating physician to be medically necessary and when authorized in advance

Behavioral Health Services

	Mental Health Disorders and Substance Use Disorders
$50 per visit	• Office or virtual visit
30% up to $50 per visit	• Outpatient other services
30% AD	• Inpatient hospital services, including detoxification — provided at a participating acute care facility
30% AD	• Inpatient hospital services — provided at residential treatment center
30%	• 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

$45 per visit	Home health care when prescribed by a participating physician and determined to be medically necessary, up to 100 visits in a calendar year
30% 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 benefit period
none	Hospice services
$50 per visit	Habilitation services
$50 per visit	Outpatient rehabilitative services, including: • Physical therapy, speech therapy and occupational therapy, when authorized in advance and determined to be medically necessary • Respiratory therapy, cardiac therapy and pulmonary therapy, when authorized in advance and determined to be medically necessary and to lead to continued improvement
30% AD	Inpatient rehabilitation
none	Abortion and abortion-related services
$50 per visit	Acupuncture services, provided through Landmark Healthplan of California, Inc., no PCP referral required. See additional benefit information at mywha.org.
none	Pediatric eyewear, provided through Vision Service Plan (VSP), for members up to age 19. For complete benefit information, refer to your plan documents at mywha.org. Benefits include the following: • One pair of lenses or contact lenses (provider designated or 6-month supply) every 12 months • One pair of provider designated frames every 12 months
varies by service	Pediatric dental, provided through DeltaCare® USA, for members up to age 19. For complete benefit information, refer to your plan documents at mywha.org. Benefits include the following: • Diagnostic and preventive dental care at no cost • Basic dental care services • Major dental care services • Orthodontics when determined medically necessary

PRESCRIPTION DRUG COVERAGE

Covered Prescription medications included in a member's Prescription drug plan are categorized as Tier 1, 2, 3 or 4 in WHA's Preferred Drug List (PDL). A member's PDL can be requested by calling WHA Member Services or viewed online at mywha.org/Rx.

NOTE: All medications included in the PDL are evaluated regularly for their efficacy, quality, safety, similar alternatives, and cost to ensure rational, cost-effective use of pharmaceutical agents. A drug's presence on the PDL does not guarantee that the member's Participating Provider will prescribe the drug. There are a small number of drugs, regardless of tier, that may require prior authorization to ensure appropriate use based on criteria set by WHA.

Preventive medications, supplements and vaccines: Aspirin, folic acid (including in prenatal vitamins), fluoride for preschool age children, tobacco cessation medication, contraceptives, and preventive vaccines, including those for flu and COVID-19, are covered without member cost-sharing; see Appendix A in your EOC/DF for a complete list. Generic required if available.

COVERED WITH COST-SHARING

cost to member	Deductible/percentage copayments are based on WHA's contracted rates with the provider of service
	Retail pharmacy (cost per 30-day supply)
$20	• Tier 1: Preferred generic and certain preferred brand name medication
$65 AD Rx	• Tier 2: Preferred brand name and certain non-preferred generic medication
$95 AD Rx	• Tier 3: Non-preferred (generic or brand) medication
	Participating Retail Pharmacies allow up to a 90-day supply on maintenance medication. The retail pharmacy copayment applies for each 30-day supply.
	Home delivery pharmacy (cost per prescription, up to 100-day supply)
$40	• Tier 1: Preferred generic and certain preferred brand name medication
$130 AD Rx	• Tier 2: Preferred brand name and certain non-preferred generic medication
$190 AD Rx	• Tier 3: Non-preferred (generic or brand) medication
	Specialty pharmacy (cost per prescription, up to 30-day supply)
20% up to $250 AD Rx	• Tier 4: Specialty and other higher-cost medication
	Specialty medications are available through WHA's participating specialty pharmacy network. Refer to the Preferred Drug List (PDL) and Evidence of Coverage (EOC) for information on specialty pharmacy options and coverage requirements.

Insulin will not exceed $35 per prescription for a 30-day supply.

When an FDA-approved generic equivalent is available and a member chooses the brand-name drug without a medical necessity determination, the member is responsible for the applicable brand-tier cost sharing plus the difference in cost between the brand-name drug and its generic equivalent. The amount paid for the cost difference does not apply to the deductible or contribute to the 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.

NON-DISCRIMINATION NOTICE

Western Health Advantage complies with applicable Federal and State civil rights laws and does not discriminate, exclude, or treat people differently on the basis of race, color, national origin, primary language, ancestry, religion, sex, gender, gender identity, sexual orientation, pregnancy, marital status, age, or disability, as applicable. Western Health Advantage provides the following services at no cost and in a timely manner:

- Reasonable modifications, aids and services to communicate effectively give people with disabilities equal access and opportunities, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Language services to ensure meaningful access to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please contact Member Services at 888.563.2250.

If you believe that Western Health Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance with:

Western Health Advantage, **Section 1557 Coordinator**

2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833

Phone: 1-888-563-2250 or 1-916-563-2250, 711(TTY)

Fax: 1-916-568-0126

Email: Compliance@westernhealth.com

Online: https://advantage.westernhealth.com/legal/grievance-submission

You can file a discrimination grievance in person or by mail, fax, email, or online. If you need help filing a grievance, our **Section 1557 Coordinator** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services,

200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201

Phone: 1-800-368-1019 or 1-800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

This notice is available at WHA's website: https://advantage.westernhealth.com/legal/non-discrimination

NOTICE OF THE AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES

ENGLISH
If you, or someone you're helping, have questions about Western Health Advantage, you have the right to get timely help and information in your language at no cost. To talk to an interpreter, call 888.563.2250 or TTY 711.

SPANISH
Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Western Health Advantage, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 888.563.2250, o al TTY 711 si tiene dificultades auditivas.

CHINESE
如果您，或是您正在協助的對象，有關於 Western Health Advantage**方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話**888.563.2250**或聽障人士專線**(TTY) 711**。**

VIETNAMESE
Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Western Health Advantage, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số 888.563.2250, hoặc gọi đường dây TTY dành cho người khiếm thính tại số 711.

TAGALOG
Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Western Health Advantage, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 888.563.2250 o TTY para sa may kapansanan sa pandinig sa 711.

KOREAN
만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Western Health Advantage에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 888.563.2250이나 청각 장애인용 TTY 711로 연락하십시오.

ARMENIAN
Եթե Դուք կամ Ձեր կողմից օգնություն ստացող անձը հարցեր ունի Western Health Advantage-ի մասին, Դուք իրավունք ունեք անվճար օգնություն և տեղեկություններ ստանալու Ձեր նախընտրած լեզվով: Թարգմանչի հետ խոսելու համար զանգահարե՛ք 888.563.2250 համարով կամ TTY 711՝ լսողության հետ խնդիրներ ունեցողների համար:

PERSIAN-FARSI
اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Western Health Advantage (وسترن هلث آدونتیج) داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. لطفا با شماره تلفن 888.563.2250 تماس بگیرید. افراد ناشنوا می توانند به شماره711 پیام تایپی ارسال کنند

RUSSIAN
Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Western Health Advantage, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 888.563.2250 или воспользуйтесь линией TTY для лиц с нарушениями слуха по номеру 711.

JAPANESE
ご本人様、またはお客様の身の回りの方でも、Western Health Advantageについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、888.563.2250までお電話ください。聴覚障がい者用TTYをご利用の場合は、711までお電話ください。

ARABIC
إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Western Health Advantage، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل بـ 888.563.2250، أو برقم الهاتف النصي (TTY) لضعاف السمع 711.

PUNJABI
ਜੇਕਰ ਤੁਸੀਂ, ਜਾਂ ਜਿਸ ਕਿਸੇ ਦੀ ਤੁਸੀਂ ਮਦਦ ਕਰ ਰਹੇ ਹੋ, ਦੇ Western Health Advantage ਬਾਰੇ ਸਵਾਲ ਹਨ ਤਾਂ, ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਹਾਸਲ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਦੁਭਾਸੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, 888.563.2250 'ਤੇ ਜਾਂ ਪੂਰੀ ਤਰ੍ਹਾਂ ਸੁਣਨ ਵਿੱਚ ਅਸਮਰਥ ਟੀਟੀਵਾਈ ਲਈ 711 'ਤੇ ਕਾਲ ਕਰੋ।

CAMBODIAN-MON-KHMER
ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលកំពុងជួយអ្នក មានសំណួរអំពី Western Health Advantage ទេ,
អ្នកមានសិទ្ធិទទួលជំនួយនឹងព័ត៌មាន
នៅក្នុងភាសារបស់អ្នក ដោយមិនអស់ប្រាក់។ ដើម្បីនិយាយជាមួយអ្នកបកប្រែ សូមទូរស័ព្ទ 888.563.2250 ឬ TTY សម្រាប់
អ្នកត្រចៀកថ្លង់ តាមលេខ 711។

HMONG
Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Western Health Advantage, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 888.563.2250 los sis TTY rau cov neeg uas tsis hnov lus zoo nyob ntawm 711.

HINDI
यदि आप, या जिस किसी की आप मदद कर रहे हो, के Western Health Advantage के बारे में प्रश्न हैं तो, आपको अपनी भाषा में मदद तथा जानकारी प्राप्त करने का अधिकार है। दुभाशिए के साथ बात करने के लिए, 888.563.2250 पर या पूरी तरह श्रवण में असमर्थ टीटीवाई के लिए 711 पर कॉल करो।

THAI
หากคุณ หรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ Western Health Advantage คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย เพื่อพูดคุยกับล่าม โทร 888.563.2250 หรือใช้TTY สำหรับคนหูหนวกโดยโทร 711