westernhealth ADVANTAGE

ADVANTAGE 0/15/250 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

member responsibility	Medical Deductible
none	Deductible amount

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
$1,500	Self-only coverage
$1,500	Individual with Family coverage
$2,500	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	Percentage copayments are based on WHA's contracted rates with the provider of service

Professional Services

$15 per visit	Office or virtual visits, primary care and other practitioners not listed below
$30 per visit	Office or virtual visits, specialist
$15/$30 per visit	Vision and hearing examinations (primary care/specialist); 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
$15/$30 per visit	• Performed in office setting (primary care/specialist)
$100 per visit	• Performed in facility — facility fees
none	• Performed in facility — professional services
none	Dialysis, chemotherapy, infusion therapy and radiation therapy
none	Laboratory tests
none	X-ray and diagnostic imaging
none	Imaging (CT/PET scans and MRIs)
$5 per visit	Therapeutic injections, including allergy shots

Hospitalization Services

$250 per day, days 1-3	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:
$15/$30 per visit	• Physician's office or virtual visit (primary care/specialist)
$20 per visit	• Urgent care virtual visit
$50 per visit	• Urgent care center
$100 per visit	• 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
$15	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
$15 per visit	• Office or virtual visit
none	• Outpatient other services
$250 per day, days 1-3	• Inpatient hospital services, including detoxification — provided at a participating acute care facility
$125 per day, days 1-3	• Inpatient hospital services — provided at residential treatment center
none	• Inpatient professional services, including physician services

COVERED WITH COST-SHARING

cost to member	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
$250 per day, days 1-3	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
$30 per visit	Habilitation services
$30 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
$250 per day, days 1-3	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