Control how much you spend on health care expenses by paying for services when you need them. Pay for hospital visits and prescription medication until you reach the annual maximum. The deductible is waived for the first three non-preventive visits, which may include urgent care or behavioral health visits.

PLAN HIGHLIGHTS:
1. You don’t pay for services you don’t use.
2. Preventive care services are included in your health plan at no cost. This means you will not have to pay for your annual well visits or immunizations.
3. When you do need care, enjoy consistent savings on your health care services and supplies. WHA partners with leading service providers to ensure that you get the best negotiated rates available.

LEARN MORE >
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.

member responsibility  DEDUCTIBLE

The medical and prescription deductibles are 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.

MEDICAL — The deductible is waived for first three visits combined for non-preventive care, specialty care, urgent care, acupuncture and outpatient mental health/substance use disorder services.

$6,300* Self-only coverage
$6,300* Individual with Family coverage
$12,600* Family coverage

PRESCRIPTION (Rx) — Tiers 1 – 4

$500* Self-only coverage
$500* Individual with Family coverage
$1,000* 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 copayment costs. 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.

$6,800 Self-only coverage
$6,800 Individual with Family coverage
$13,600 Family coverage

none  Lifetime maximum

cost to member  Preventive Care Services

Preventive care services, including laboratory tests, as outlined under the Preventive Services Covered without Cost-Sharing section of the EOC/DF

• 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

Note: procedures resulting from screenings are not considered preventive care. In order for a service to be considered “preventive,” the service must have been provided or ordered by your PCP or OB/GYN, and the primary purpose of the visit must have been to obtain the preventive service. Otherwise, you will be responsible for the cost of the office visit as described in this copayment summary.

Professional Services

$75 per visit after deductible
$105 per visit after deductible

Office visits, primary care and other practitioners not listed below
Office visits, specialist

none  Adult vision examination
none  Pediatric vision examination, up to age 19
none  Hearing examinations

$75/105 per visit after deductible+

Family planning services
<table>
<thead>
<tr>
<th>Cost to Member</th>
<th>Outpatient Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>$75/105 per visit after deductible+</td>
<td>Outpatient surgery</td>
</tr>
<tr>
<td>100% after deductible*</td>
<td>• Performed in facility — facility fees</td>
</tr>
<tr>
<td>100% after deductible*</td>
<td>• Performed in facility — professional services</td>
</tr>
<tr>
<td>100% after deductible*</td>
<td>Dialysis, infusion therapy and radiation therapy</td>
</tr>
<tr>
<td>$40 per visit</td>
<td>Laboratory tests</td>
</tr>
<tr>
<td>100% after deductible*</td>
<td>X-ray and diagnostic imaging</td>
</tr>
<tr>
<td>100% after deductible*</td>
<td>Imaging (CT/PET scans and MRIs)</td>
</tr>
<tr>
<td>$5 per visit</td>
<td>Therapeutic injections, including allergy shots</td>
</tr>
</tbody>
</table>

### Hospitalization Services

100% after deductible* 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

100% after deductible* Professional inpatient services, including:
- Physicians’ services, including surgeons, anesthesiologists and consultants
- Private-duty nurse when prescribed by a participating physician

### Urgent and Emergency Services

Outpatient care to treat an injury or sudden onset of an acute illness within or outside the WHA Service Area:

- Physician’s office
- Urgent care center
- Emergency room — facility fees (waived if admitted)
- Emergency room — professional services
- Ambulance service as medically necessary or in a life-threatening emergency (including 911)

### Prescription Coverage

Walk-in pharmacy (30-day supply)
- Tier 1 - Preferred generic and certain preferred brand name medication
- Tier 2 - Preferred brand name or non-preferred generic medication¹
- Tier 3 - Non-preferred medication¹
- Tier 4 - Specialty medication when authorized in advance by WHA (access to Tier 4 medications at walk-in pharmacies is subject to limitations)

Mail order (up to 90-day supply)
- Tier 1 - Preferred generic and certain preferred brand name medication
- Tier 2 - Preferred brand name or non-preferred generic medication¹
- Tier 3 - Non-preferred medication¹
- Tier 4 - Specialty medication when authorized in advance by WHA, limited to a 30-day supply

Certain specialty drugs may be categorized outside Tier 4. To confirm the tier level for any drug, go online to mywha.org/pharmacy; refer to the Preferred Drug List (PDL).

Oral anti-cancer drugs will not exceed $200 after Rx deductible for 30-day supply.

The following prescription medications are covered at no cost to the member (generic required if available): aspirin, folic acid (including in prenatal vitamins), fluoride for preschool age children, tobacco cessation medication and women’s contraceptives.

At walk-in pharmacies if the actual cost of the prescription is less than the applicable copayment, the member will only be responsible for paying the actual cost of the medication.

1 Regardless of medical necessity or generic availability, the member will be responsible for the applicable copayment when a Tier 2 or Tier 3 medication is dispensed. If a Tier 1 medication is available and the member elects to receive a Tier 2 or Tier 3 medication without medical indication from the prescribing physician, the member will be responsible for the difference in cost between the Tier 1 and the purchased medication in addition to the Tier 1 copayment.**
**WHA BRONZE 60 HMO**  
**6300/75 + CHILD DENTAL**

<table>
<thead>
<tr>
<th>Cost to Member</th>
<th>Durable Medical Equipment (DME)</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% after deductible*</td>
<td>Durable medical equipment (excluding orthotic and prosthetic devices) when determined by a participating physician to be medically necessary and when authorized in advance by WHA</td>
</tr>
<tr>
<td>$75 after deductible</td>
<td>Orthotics and prosthetics when determined by a participating physician to be medically necessary and when authorized in advance by WHA</td>
</tr>
</tbody>
</table>

**Behavioral Health Services**

**Mental Health Disorders and Substance Abuse**

- $75 per visit after deductible
- 100% up to $75 per visit after deductible*

- 100% after deductible*
- Inpatient hospital services, including detoxification — provided at a participating acute care facility
- Inpatient hospital services — provided at residential treatment center
- Inpatient professional services, including physician services

**Behavioral Health Services**

Mental health disorders mean disturbances or disorders of mental, emotional or behavioral functioning, including Severe Mental Illness and Serious Emotional Disturbance of Children (SED).

**Other Health Services**

- Home health care when prescribed by a participating physician and determined to be medically necessary, up to 100 visits in a calendar year
- Home health care: $75 per visit after deductible

- 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
- Skilled nursing facility: $75 per visit after deductible

- Hospice services
- Hospice services: $75 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
- Outpatient rehabilitative services: $100% after deductible*

- Inpatient rehabilitation
- Acupuncture and chiropractic services provided through Landmark Healthplan of California, Inc., when determined to be medically necessary, no PCP referral required
- Acupuncture: $75 per visit after deductible
- Chiropractic care: $15 per visit

- Pediatric eyewear per calendar year, provided through MES Vision, up to age 19, includes one of the following benefits:
  - One pair of glasses with standard lenses
  - One pair of standard hard or six pairs of standard soft contact lenses instead of glasses
- Pediatric eyewear: none

- Pediatric dental, provided through DeltaCare® USA, up to age 19, including the following benefits:
  - Diagnostic and preventive dental care at no cost
  - Basic dental care services
  - Major dental care services
  - Orthodontics when determined medically necessary
- Pediatric dental: See additional benefit information

+ Primary Care Physician Copayment $75/Specialist Copayment $105
* Deductible or percentage copayments are based on WHA’s contracted rates with the provider of service. Even when the deductible is met, members will pay 100% coinsurance for specified benefits until the out-of-pocket maximum is met.
** The amount paid for the difference in cost does not apply to the deductible or contribute to the out-of-pocket maximum.
*** Copayments do not apply to the deductible or contribute to the out-of-pocket maximum.

**MANAGING YOUR HIGH-DEDUCTIBLE PLAN**

When you reach your annual out-of-pocket maximum described in this Copayment Summary, WHA will mail you a letter to inform you that you do not have to pay any more copayments or deductibles for covered services through the end of the calendar year. To review amounts applied to your annual deductible and out-of-pocket maximum, simply access your accumulator through mywha.org. If you have any questions about how much has been applied to your deductible or annual out-of-pocket maximum, or whether certain payments you have made apply to the annual out-of-pocket maximum, please call WHA Member Services.
Western Health Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Western Health Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Western Health Advantage:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Member Services Manager.

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, age, disability, or sex, you can file a grievance with: Member Services Manager, 2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833, 888.563.2250 or 916.563.2250, 888.877.5378 (TTY), 916.568.0126 (fax), memberservices@westernhealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Member Services Manager 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:
- Website: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
- Phone: 800.368.1019 or 800.537.7697 (TDD)


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ENGLISH
If you, or someone you’re helping, have questions about Western Health Advantage, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 888.563.2250 or TTY 888.877.5378.

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 888.877.5378 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) 888.877.5378。

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 khuyết thành tại số 888.877.5378.

TAGALOG
Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Western Health Advantage, may karapatang ka na makaakuha 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 kapsansana sa pandinig sa 888.877.5378.
Western Health Advantage can accommodate language difficulties and assist in various languages.

Please call 888.563.2250 for assistance.