

# CAPITAL 250 GOLD 80 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 DEDUCTIBLE

The annual deductible is the amount of money a member or family must pay for certain 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)**

\$250	Self-only coverage
\$250	Individual with Family coverage
\$500	Family coverage

**Prescription Deductible**

none	Self-only coverage
none	Individual with Family coverage
none	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**

\$7,800	Self-only coverage
\$7,800	Individual with Family coverage
\$15,600	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](http://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**

- \$35 per visit Office or virtual visits, primary care and other practitioners not listed below
- \$55 per visit Office or virtual visits, specialist
- none Vision and hearing examinations, including pediatric vision exam (up to age 19)

**Outpatient Services**

- Outpatient surgery
  - \$35/\$55 per visit • Performed in office setting (primary care/specialist copayment applies)
- \$300 per visit **AD** • Performed in facility — facility fees
  - \$35 per visit • Performed in facility — professional services
  - 20% Dialysis, chemotherapy, infusion therapy and radiation therapy
- \$35 per visit Laboratory tests
- \$55 per visit X-ray and diagnostic imaging
- \$250 per visit **AD** Imaging (CT/PET scans and MRIs)
- \$5 per visit Therapeutic injections, including allergy shots

**Hospitalization Services**

- \$600 per day, days 1-5 **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:
  - \$35/\$55 per visit • Physician's office or virtual visit (primary care/specialist copayment applies)
  - \$35 per visit • Urgent care virtual visit
  - \$35 per visit • Urgent care center
- \$250 per visit **AD** • Emergency room — facility fees (waived if admitted)
- none • Emergency room — professional services
- \$250 per visit **AD** • Ambulance service as medically necessary or in a life-threatening emergency (including 911)

**Prescription Drug Coverage**
**Walk-in pharmacy (30-day supply)**

- \$15 • Tier 1 - Preferred generic and certain preferred brand name medication
- \$40 • Tier 2 - Preferred brand name and certain non-preferred generic medication
- \$70 • Tier 3 - Non-preferred (generic or brand) medication
- 20% up to \$250 **AD** • Tier 4 - Specialty medication when authorized in advance by WHA

**Mail order (up to 90-day supply)**

- \$37.50 • Tier 1 - Preferred generic and certain preferred brand name medication
- \$100 • Tier 2 - Preferred brand name and certain non-preferred generic medication
- \$175 • Tier 3 - Non-preferred (generic or brand) medication
- 20% up to \$250 **AD** • Tier 4 - Specialty medication when authorized in advance by WHA

Members will pay the lesser of the applicable copayment, the actual cost, or the retail price of the prescription. Certain specialty drugs may be classified on Tiers 1-3. Regardless of tier, all specialty medications are limited to a 30-day supply; access to Tier 4 medications at walk-in pharmacies is subject to limitations. To confirm tier level for any drug, visit [mywha.org/Rx](http://mywha.org/Rx); refer to the Preferred Drug List (PDL).

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. The amount paid for the difference in cost does not apply to the deductible or contribute to the out-of-pocket maximum.

**COVERED WITH COST-SHARING**

cost to member Deductible/percentage copayments are based on WHA's contracted rates with the provider of service

**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
- \$35 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

- \$35 per visit • Office or virtual visit
- none • Outpatient other services
- \$600 per day, days 1-5 • Inpatient hospital services, including detoxification — provided at a participating acute care facility
- \$300 per day, days 1-5 • Inpatient hospital services — provided at residential treatment center
- none • Inpatient professional services, including physician services

**Other Health Services**

- \$30 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
- \$300 per day, days 1-5 **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
- \$35 per visit Habilitation services
- \$35 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
- \$600 per day, days 1-5 **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](http://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
- none Pediatric eyewear is provided through EyeMed for members up to age 19. For complete benefit information, refer to your plan documents at [mywha.org](http://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 is provided through DeltaCare® USA for members up to age 19. For complete benefit information, refer to your plan documents at [mywha.org](http://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

**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](http://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.