

WHA BRONZE 60 HMO

6000/70 — WITH CHILD DENTAL



Western
Health
Advantage



advantage > you

WHA BRONZE 60 HMO

6000/70 — WITH CHILD DENTAL

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

In any calendar year we will not cover certain services until member meets the following deductible for Self-only, Individual with Family or Family coverage amount, whichever is met first:

MEDICAL — The deductible is waived for first three non-preventive visits, which may include urgent care visits or outpatient mental health/substance use disorder visits.

\$6,000*	Self-only coverage
\$6,000*	Individual with Family coverage
\$12,000*	Family coverage

PRESCRIPTION (Tiers 1 – 4)

\$500*	Self-only coverage
\$500*	Individual with Family coverage
\$1,000*	Family coverage

ANNUAL OUT-OF-POCKET MAXIMUM

The maximum out-of-pocket expense for a member per calendar year is limited to either the Self-only, Individual with Family or Family coverage amount, whichever is met first:

\$6,500	Self-only coverage
\$6,500	Individual with Family coverage
\$13,000	Family coverage
none	Lifetime maximum

cost to member Preventive Care Services

none 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

\$70 per visit after deductible	Office visits, primary care and other practitioners not listed below (deductible waived for first three non-preventive visits)
\$90 per visit after deductible	Office visits, specialist (deductible waived for first three non-preventive visits)
none	Adult vision examination
none	Pediatric vision examination, up to age 19
none	Hearing examinations
\$70/90 per visit after deductible+	Family planning services

cost to member Outpatient Services

\$70/90 per visit after deductible+	Outpatient surgery
100% after deductible*	<ul style="list-style-type: none"> • Performed in office setting • Performed in facility — facility fees • Performed in facility — professional services
100% after deductible*	Dialysis, infusion therapy and radiation therapy
100% after deductible*	Laboratory tests
\$40 per visit	X-ray and diagnostic imaging
100% after deductible*	Imaging (CT/PET scans and MRIs)
100% after deductible*	Therapeutic injections, including allergy shots
\$5 per visit	

Hospitalization Services

100% after deductible*	Facility fees — semi-private room and board and hospital services for acute care or intensive care, including: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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:

\$70/90 per visit after deductible+	<ul style="list-style-type: none"> • Physician's office (deductible waived for first three non-preventive visits)
\$120 per visit after deductible	<ul style="list-style-type: none"> • Urgent care center (deductible waived for first three non-preventive visits)
100% after deductible*	<ul style="list-style-type: none"> • Emergency room — facility fees (waived if admitted)
100% after deductible*	<ul style="list-style-type: none"> • Emergency room — professional services (waived if admitted)
100% after deductible*	<ul style="list-style-type: none"> • Ambulance service as medically necessary or in a life-threatening emergency (including 911)

Prescription Coverage

100% up to \$500 per prescription after deductible*	Walk-in pharmacy (30-day supply) <ul style="list-style-type: none"> • 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)
100% up to \$500 per prescription after deductible*	Mail order (up to 90-day supply) <ul style="list-style-type: none"> • 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 for 30-day supply.

The following prescription medications are covered at no cost to the member (generic required if available): aspirin, prenatal vitamins, folic acid, 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.

¹Regardless 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.

cost to member Durable Medical Equipment (DME)

100% after deductible*	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
\$70 after deductible	Orthotics and prosthetics 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 Abuse

\$70 per visit after deductible	• Office visit (deductible waived for first three non-preventive visits)
100% up to \$70 per visit after deductible*	• Outpatient services (deductible waived for first three non-preventive visits)
100% after deductible*	• Inpatient hospital services, including detoxification — provided at a participating acute care facility
100% after deductible*	• Inpatient hospital services — provided at residential treatment center
100% after deductible*	• Inpatient physician services
	Mental health disorders means disturbances or disorders of mental, emotional or behavioral functioning, including Severe Mental Illness and Serious Emotional Disturbance of Children (SED).

Other Health Services

100% after deductible*	Home health care when prescribed by a participating physician and determined to be medically necessary, up to 100 visits in a calendar year
100% 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
none	Hospice services
\$70 per visit	Habilitation services
\$70 per visit	Outpatient rehabilitative services, including: <ul style="list-style-type: none"> • 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
100% after deductible*	Inpatient rehabilitation
\$15 per visit	Acupuncture and chiropractic services provided through Landmark Healthplan of California, Inc., when determined to be medically necessary, no PCP referral required
\$15 per visit	• Acupuncture (deductible waived for first three non-preventive visits)
\$15 per visit**	• Chiropractic care, up to 20 visits per year
none	Pediatric eyewear per calendar year, provided through MES Vision, up to age 19, includes one of the following benefits: <ul style="list-style-type: none"> • One pair of glasses with standard lenses • One pair of standard hard or six pairs of standard soft contact lenses instead of glasses
See additional benefit information	Pediatric dental, provided through Access Dental Plan, up to age 19, including the following benefits: <ul style="list-style-type: none"> • Diagnostic and preventive dental care at no cost • Basic dental care services • Major dental care services • Orthodontics when determined medically necessary

+ Primary Care Physician Copayment \$70/Specialist Copayment \$90

* Deductibles or percentage copayments are based upon WHA's contracted rates with the provider of service.

** Copayments do not contribute to the medical out-of-pocket maximum.

MANAGING YOUR HIGH-DEDUCTIBLE PLAN

When your copayments and deductible payments for the services described in this Copayment Summary have reached the annual out-of-pocket maximum, WHA will automatically provide you a document to show 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 at westernhealth.com.

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>

Mail: U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

Phone: 800.368.1019 or 800.537.7697 (TDD)

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

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 khiếm thính tại số 888.877.5378.

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 888.877.5378.

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 888.877.5378로 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 888.877.5378՝ 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. لطفاً با شماره تلفن 888.563.2250 تماس بگیرید. افراد ناشنوا می توانند به شماره 888.877.5378 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 888.877.5378.

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、888.877.5378までお電話ください。

ARABIC

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Western Health Advantage، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 888.563.2250، أو برقم الهاتف النصي (TTY) لضعاف السمع 888.877.5378.

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। ਦੁਆਬੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, 888.563.2250 'ਤੇ ਜਾਂ ਪੂਰੀ ਤਰ੍ਹਾਂ ਸੁਣਨ ਵਿੱਚ ਅਸਮਰਥ ਟੀਟੀਵਾਈ ਲਈ 888.877.5378 'ਤੇ ਕਾਲ ਕਰੋ।

CAMBODIAN-MON-KHMER

ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលកំពុងជួយអ្នក មានសំណួរអំពី Western Health Advantage ទេ, អ្នកមានសិទ្ធិទទួលជំនួយនឹងព័ត៌មាននៅក្នុងភាសារបស់អ្នក ដោយមិនអស់ប្រាក់។ ដើម្បីនិយាយជាមួយអ្នកបកប្រែ សូមទូរស័ព្ទ 888.563.2250 ឬ TTY សម្រាប់អ្នកត្រចៀកធ្ងន់ តាមលេខ 888.877.5378។

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 888.877.5378.

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। दुआशिए के साथ बात करने के लिए, 888.563.2250 पर या पूरी तरह श्रवण में असमर्थ टीटीवाई के लिए 888.877.5378 पर कॉल करो।

THAI

หากคุณ หรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ Western Health Advantage คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย เพื่อพูดคุยกับล่าม โทร 888.563.2250 หรือใช้TTY สำหรับคนหูหนวกโดยโทร 888.877.5378