

WHA \$0 COST SHARE HMO AI/AN

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

member responsibility **Out-of-Pocket Maximum**
none Out-of-pocket maximum amount
none Lifetime maximum

COVERED WITHOUT COST-SHARING

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 WITHOUT COST-SHARING**cost to member Professional Services**

- none Office or virtual visits, primary care and other practitioners not listed below
- none 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
- none • Performed in office setting (primary care/specialist copayment applies)
- none • 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)
- none Therapeutic injections, including allergy shots

Hospitalization Services

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

Durable Medical Equipment (DME)

- none Durable medical equipment when determined by a participating physician to be medically necessary and when authorized in advance by WHA
- none 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
- none • Office or virtual visit
- none • Outpatient other services
- none • Inpatient hospital services, including detoxification — provided at a participating acute care facility
- none • Inpatient hospital services — provided at residential treatment center
- none • Inpatient professional services, including physician services

COVERED WITHOUT COST-SHARING**cost to member 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
- none 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
- none Habilitation services
- none 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
- none Inpatient rehabilitation
- none Abortion and abortion-related services
- none 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
- none 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.

COVERED WITHOUT COST-SHARING

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.

Retail pharmacy (cost per 30-day supply)

- none • Tier 1: Preferred generic and certain preferred brand name medication
- none • Tier 2: Preferred brand name and certain non-preferred generic medication
- none • 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)

- none • Tier 1: Preferred generic and certain preferred brand name medication
- none • Tier 2: Preferred brand name and certain non-preferred generic medication
- none • Tier 3: Non-preferred (generic or brand) medication

Specialty pharmacy (cost per prescription, up to 30-day supply)

- none • Tier 4: Specialty and other higher-cost medication

Specialty medication must be ordered through Optum Specialty Pharmacy (delivered to home or medical office, depending on who administers the medication).