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.

cost to member  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. Once 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.

- $1,000  Self-only coverage
- $1,000  Individual with Family coverage
- $2,500  Family coverage
- none  Lifetime maximum

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
$10 per visit  Office visits, primary care physician (PCP)
$10 per visit  Office visits, specialist
$10 per visit**  Vision and hearing examinations
$10 per visit  Family planning services

Outpatient Services
Outpatient surgery
$5 per visit  Therapeutic injections, including allergy shots

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**Hospitalization Services**
- 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
- 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:
- $10 per visit
  - Physician’s office
- $20 per visit
  - Urgent care center
- $50 per visit
  - Emergency room — facility fees (waived)
- none
  - Emergency room — professional services
- none
  - Ambulance service as medically necessary or in a life-threatening emergency (including 911)

**Prescription Coverage**
Outpatient prescription medications are excluded on the medical plan and covered under the prescription rider plan (see your Prescription Copayment Summary).

**Durable Medical Equipment (DME)**
20%* 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
$10 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
- $10 per visit
  - Office visit
- none
  - Outpatient 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
  - 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**
- Home health care when prescribed by a participating physician and determined to be medically necessary, up to 100 visits in a calendar year
- 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
- Hospice services
- $10 per visit
  - Habilitation services
- $10 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
- none
  - Inpatient rehabilitation
- 20%*
  - Home self-injectable medication, up to $100 maximum copay per 30-day supply, may be limited to a 30-day supply; insulin is covered under the prescription benefit
- 50%*
  - Infertility testing**
  - 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, up to 20 visits per year
- $15 per visit**
  - Chiropractic care, up to 20 visits per year

* Percentage copayment amounts are based on WHA’s contracted rates with the provider of service.
** Copayments do not contribute to the medical out-of-pocket maximum.
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)


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 thính tại số 888.877.5378.

TAGALOG
Kung ikaw, o ang iyong tinutulangan, 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 kapsansana sa pandinig sa 888.877.5378.
If you or someone you are helping has questions about Western Health Advantage, you have the right to free assistance and information in your language. You may call 888.563.2250 or use the TTY line 888.877.5378 to speak with a translator.

If you or the person you are helping have a hearing loss, call the TTY line 888.877.5378.

If you need help in a language other than English, you may call (937) 716-3141, ext. 4000.

If you are deaf or hard of hearing, you can call the Hearing Aid Relay Service at 888.877.5378.

If you need information in a language other than English, call 888.563.2250 or 888.877.5378.