westernhealth ADVANTAGE

HSA-compatible, high-deductible plan

WESTERN 1500/0/0 HDHP HMO PRIME

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 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. The deductible applies to both medical and pharmacy expenses. The deductible does not apply to Preventive Care Services, as noted below. Amounts paid for non-covered services do not count toward a member's deductible. Deductible is based on WHA's contracted rates with the provider of service.

member responsibility	Medical Deductible (AD = After Deductible)
$1,500	Self-only coverage
$3,000	Individual with Family coverage
$3,000	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 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
$3,000	Self-only coverage
$3,000	Individual with Family coverage
$3,000	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.

- 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.

Additional services and supplies covered without cost-sharing are angiotensin converting enzyme (ACE) inhibitor, blood pressure monitor, retinopathy screening, glucometer, hemoglobin A1c testing, low-density lipoprotein (LDL) testing, and statins (limitations may apply).

Annual vision and hearing exams with a WHA network provider are covered at no cost to the member.

IMPORTANT: Health savings accounts (HSAs) are complex financial products. This plan is a high-deductible health care plan. While there is no obligation to have an HSA, WHA recommends that you consult your tax or financial advisor to discuss the benefits and determine whether this plan and HSAs are a good choice for you.

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COVERED WITH COST-SHARING

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

Professional Services

none Office or virtual visits, primary care and other practitioners not listed below
none Office or virtual visits, specialist

Outpatient Services

Outpatient surgery
none • Performed in office setting
none • Performed in facility — facility fees
none • Performed in facility — professional services
none Dialysis, chemotherapy, infusion therapy and radiation therapy
none Laboratory tests, 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
none • Urgent care virtual visit
none • Urgent care center
none • Emergency room — facility fees
none • Emergency room — professional services
none • Ambulance service as medically necessary or in a life-threatening emergency (including 911)

Prescription Drug Coverage

Walk-in pharmacy (30-day supply)
$10 • Tier 1 - Preferred generic and certain preferred brand name medication
$20 • Tier 2 - Preferred brand name and certain non-preferred generic medication
$35 • Tier 3 - Non-preferred (generic or brand) medication

Mail order (up to 90-day supply)
$20 • 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

Other Prescription Coverage
none Home self-injectable medication
50% up to $250 Erectile Dysfunction medication (limited supply per 30-day period)

Members will pay the lesser of the applicable copayment, the actual cost, or the retail price of the prescription. Non-injectable specialty medication may be classified on Tiers 1-3. Regardless of tier, all specialty medications are limited to a 30-day supply. To confirm tier level for any drug, visit 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 AD Deductibles/percentage copayments are based on WHA's contracted rates with the provider of service

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

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 calendar year

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

MANAGING YOUR HIGH-DEDUCTIBLE PLAN: The deductible and annual out-of-pocket maximum apply only to the covered services described in this Copayment Summary. Copayments and deductibles for any benefits purchased separately as a rider, including but not limited to infertility benefits, do not apply to this deductible or annual out-of-pocket maximum.

To review amounts applied to your annual deductible and out-of-pocket (OOP) maximum, simply access your accumulator at 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.