



# WESTERN 2025 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.**

### cost to member **DEDUCTIBLE**

The medical and prescription deductibles are the amount of money a member or family must pay for certain covered services before WHA is responsible for those covered services. Each member enrolled as a family must meet the Individual with Family coverage amount or the Family coverage amount, whichever is met first.

#### MEDICAL (including inpatient, outpatient surgery and emergency services)

- \$2,500\* Self-only coverage
- \$2,500\* Individual with Family coverage
- \$5,000\* Family coverage

#### PRESCRIPTION (Rx) — for preferred brand name and non-preferred medication

- \$150\* Self-only coverage or Individual with 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.

- \$5,000 Self-only coverage
- \$5,000 Individual with Family coverage
- \$10,000 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

- \$20 per visit Office visits, primary care physician (PCP)
- \$20 per visit Office visits, specialist
- \$20 per visit\*\* Vision and hearing examinations
- \$20 per visit Family planning services

**cost to member    Outpatient Services**

<p>\$20 per visit</p> <p>\$250 per visit after deductible*</p> <p>none</p> <p>none</p> <p>none</p> <p>none</p> <p>\$5 per visit</p>	<p>Outpatient surgery</p> <ul style="list-style-type: none"> <li>• Performed in office setting</li> <li>• Performed in facility — facility fees</li> <li>• Performed in facility — professional services</li> </ul> <p>Dialysis, infusion therapy and radiation therapy</p> <p>Laboratory tests, X-ray and diagnostic imaging</p> <p>Imaging (CT/PET scans and MRIs)</p> <p>Therapeutic injections, including allergy shots</p>
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**Hospitalization Services**

<p>\$500 per day after deductible*</p> <p>none</p>	<p>Facility fees — semi-private room and board and hospital services for acute care or intensive care, including:</p> <ul style="list-style-type: none"> <li>• Newborn delivery (private room when determined medically necessary by a participating provider)</li> <li>• 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</li> </ul> <p>Professional inpatient services, including physician, surgeon, anesthesiologist and consultant services</p>
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**Urgent and Emergency Services**

<p>\$20 per visit</p> <p>\$50 per visit</p> <p>\$100 per visit after deductible*</p> <p>none</p> <p>none</p>	<p>Outpatient care to treat an injury or sudden onset of an acute illness within or outside the WHA Service Area:</p> <ul style="list-style-type: none"> <li>• Physician's office</li> <li>• Urgent care center</li> <li>• Emergency room — facility fees (waived if admitted)</li> <li>• Emergency room — professional services</li> <li>• Ambulance service as medically necessary or in a life-threatening emergency (including 911)</li> </ul>
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**Prescription Coverage**

Outpatient prescription medications are covered under the prescription rider plan (see your Prescription Copayment Summary).

**Durable Medical Equipment (DME)**

<p>20%*</p> <p>\$20</p>	<p>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</p> <p>Orthotics and prosthetics when determined by a participating physician to be medically necessary and when authorized in advance by WHA</p>
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**Behavioral Health Services**

<p>\$20 per visit</p> <p>none</p> <p>\$500 per day after deductible*</p> <p>\$125 per day after deductible*</p> <p>none</p>	<p>Mental Health Disorders and Substance Abuse</p> <ul style="list-style-type: none"> <li>• Office visit</li> <li>• Outpatient services</li> <li>• Inpatient hospital services, including detoxification — provided at a participating acute care facility</li> <li>• Inpatient hospital services — provided at residential treatment center</li> <li>• Inpatient professional services, including physician services</li> </ul> <p>Mental health disorders means disturbances or disorders of mental, emotional or behavioral functioning, including Severe Mental Illness and Serious Emotional Disturbance of Children (SED).</p>
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**cost to member Other Health Services**

<p>none</p> <p>\$500 per day after deductible*</p> <p>none</p> <p>\$20 per visit</p> <p>\$20 per visit</p> <p>\$500 per day after deductible*</p> <p>\$15 per visit</p> <p>\$15 per visit**</p>	<p>Home health care when prescribed by a participating physician and determined to be medically necessary, up to 100 visits in a calendar year</p> <p>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</p> <p>Hospice services</p> <p>Habilitation services</p> <p>Outpatient rehabilitative services, including:</p> <ul style="list-style-type: none"> <li>• Physical therapy, speech therapy and occupational therapy, when authorized in advance by WHA and determined to be medically necessary</li> <li>• 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</li> </ul> <p>Inpatient rehabilitation</p> <p>Acupuncture and chiropractic services, provided through Landmark Healthplan of California, Inc., when determined to be medically necessary, no PCP referral required</p> <ul style="list-style-type: none"> <li>• Acupuncture, up to 20 visits per year</li> <li>• Chiropractic care, up to 20 visits per year</li> </ul>
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\* Deductible or percentage copayments are based upon WHA's contracted rates with the provider of service.

\*\* With the exception of pediatric vision exams, copayments for these specified services do not contribute to the medical out-of-pocket maximum.

**MANAGING YOUR HIGH-DEDUCTIBLE PLAN**

When you reach your annual out-of-pocket maximum described in this Copayment Summary, WHA will mail you a letter to inform you 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.org](http://mywha.org). 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 and California civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, as applicable. Western Health Advantage does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

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 at 888.563.2250 and find more information online at <https://www.westernhealth.com/legal/non-discrimination-notice/>.

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, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance by telephone, mail, fax, email, or online 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](mailto:memberservices@westernhealth.com), <https://www.westernhealth.com/legal/grievance-form/>. If you need help filing a grievance, the Member Services Manager is available to help you. For more information about the Western Health Advantage grievance process and your grievance rights with the California Department of Managed Health Care, please visit our website at <https://www.westernhealth.com/legal/grievance-form/>.

If there is a concern of discrimination based on race, color, national origin, age, disability, or sex, 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>.

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## 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 tinutulongan, 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**

گر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Western Health Advantage (وسترن هلث ادونتیج) 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 ناشنو می توانند به شماره 888.877.5378 پیام تاپیی 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 اية 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। ਦੁਆਰਾ 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, អ្នកមានសិទ្ធិទទួលជំនួយនិងព័ត៌មាន នៅក្នុងភាសារបស់អ្នក ដោយមិនអស់ប្រាក់។ ដើម្បីនិយាយជាមួយអ្នកបកប្រែ សូមទូរស័ព្ទ 888.563.2250 ឬ TTY សម្រាប់អ្នកត្រចៀកច្រន់ 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