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

- None

**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.

- **$1,500** Self-only coverage
- **$1,500** Individual with Family coverage
- **$2,500** 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. 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

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.

Professional Services

- **$15 per visit** Office or virtual visits, primary care physician (PCP)
- **$15 per visit** Office or virtual visits, specialist
- **$15 per visit** Vision and hearing examinations
- **$15 per visit** Family planning services

Outpatient Services

- **$15 per visit** Outpatient surgery
  - **$100 per visit** 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)
  - **$5 per visit** 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
cost to member  Urgent and Emergency Services
Outpatient care to treat an injury or sudden onset of an acute illness within or outside the WHA Service Area:

- $15 per visit
  - Physician’s office or virtual visit
- $20 per visit
  - Urgent care virtual visit
- $20 per visit
  - Urgent care center
- $100 per visit
  - Emergency room — facility fees (waived if admitted)
  - Emergency room — professional services
  - Ambulance service as medically necessary or in a life-threatening emergency (including 911)

Prescription Coverage
Outpatient prescription medications are 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

- $15  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

- $15 per visit
  - Office or virtual visit
  - Outpatient services
  - Inpatient hospital services, including detoxification — provided at a participating acute care facility
  - Inpatient hospital services — provided at residential treatment center
  - 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

- $15 per visit  Habilitation services
- $15 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

- Inpatient rehabilitation
  - Acupuncture and chiropractic services, provided through Landmark Healthplan of California, Inc., no PCP referral required. See additional benefit information at mywha.org.

- $15 per visit   Acupuncture, up to 20 visits per year
- $15 per visit**  Chiropractic care, up to 20 visits per year

* 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.
Western Health Advantage shall cover Prescription medications at Participating Pharmacies, prescribed in connection with a covered service and subject to conditions, limitations and exclusions stated in the Combined Evidence of Coverage and Disclosure Form (EOC/DF) located on the MyWHA Plan toolbar at mywha.org.

Medications on a member’s three-tier prescription plan are categorized as follows in WHA’s Preferred Drug List (PDL):

- Tier 1 – Preferred generic and certain preferred brand name medication
- Tier 2 – Preferred brand name and certain non-preferred generic medication*
- Tier 3 – Non-preferred (generic or brand) medication*

The PDL is a listing of medications developed by WHA’s Pharmacy and Therapeutics Committee as drugs of choice in their respective tiers. Drugs are evaluated regularly by the committee to ensure rational and cost-effective use of pharmaceutical agents. The committee reviews all medications for their efficacy, quality, safety, similar alternatives and cost in determining their inclusion on the PDL.

Please note that a drug’s presence on the WHA PDL does not guarantee that the member’s physician 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 the committee.

Members may request a copy of the PDL by calling WHA Member Services or view the document online at mywha.org/pharmacy.

**Covered Prescription Medications**

- Oral medications that require a Prescription by state or federal law, written by a Participating Physician, or a pharmacist if allowed by law, and dispensed by a Participating Pharmacy.
- Covered Prescription medications dispensed by a non-Participating Pharmacy outside of WHA’s service area for urgent or emergency care only (the receipt may be submitted to WHA for reimbursement).
- Compounded Prescriptions for which there is no FDA-approved alternative and which contain at least one Prescription ingredient.
- Insulin, insulin syringes with needles, glucose test strips and tablets.
- Oral contraceptives and diaphragms.

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.

Prescription copayments contribute to the medical annual out-of-pocket maximum.

*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 contribute to the medical out-of-pocket maximum.

**Percentage copayments are based upon WHA’s contracted rates with the provider of service.
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, 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:


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 tinitulungan, 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.
If you or someone you help have questions about
Western Health Advantage, call 888.563.2250.

هناك نموذج للحصول على المساعدة والمعلومات
Western Health Advantage لعدد 888.563.2250.

ご本人様、またはお客様の身邊の方でも、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には、888.877.5378でお電話ください。