Western 4025MHP

COPAYMENT SUMMARY — *A uniform health plan benefit and coverage matrix*

Western Health Advantage

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

DEDUCTIBLE	**COST TO MEMBER**
In any calendar year we will not cover certain services until member meets the following deductibles:	
Medical (including inpatient, outpatient surgery and emergency services)	$2,500 for one member or $5,000 for family
Prescription (for Preferred brand name or Non-Preferred medications)	$150 per member*

ANNUAL OUT-OF-POCKET MAXIMUM	**COST TO MEMBER**
The maximum out-of-pocket expense for a Member per calendar year is limited to either the Individual amount or Family amount, whichever is met first:	
Individual	$5,000
Family	$10,000
All copayments listed on this Copayment Summary not marked with a * apply to the out-of-pocket maximum.	
Lifetime maximum	None

PREVENTIVE CARE SERVICES	**COST TO MEMBER**
Preventive care services, including laboratory tests, as outlined under the Preventive Services Covered without Cost-Sharing section of the EOC/DF	None
Annual physical examinations and well baby care	None
Immunizations, adult and pediatric	None
Women's preventive services	None
Maternity care, after the initial diagnosis, pre- and post-natal visits and laboratory tests	None
Breast, cervical, prostate and colorectal cancer screenings	None
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	**COST TO MEMBER**
Office visits, primary care physician or specialist	$40 per visit
Eye and hearing examinations	$40 per visit
Family planning services	$40 per visit

OUTPATIENT SERVICES	**COST TO MEMBER**
Outpatient surgery (performed in office setting)	$40 per visit
Outpatient surgery (facility)	
• Facility fees	$250 per visit after deductible+
• Professional services	None
Laboratory, X-ray, electrocardiograms and all other tests	None
Therapeutic injections, including allergy shots	$5 per visit
Other generally accepted cancer screening tests	None

HOSPITALIZATION SERVICES	**COST TO MEMBER**
Facility fees — semi-private room and board and hospital services for acute care or intensive care, including:	$500 per day after deductible+
• 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:	None
• Physicians' services, including surgeons, anesthesiologists and consultants	
• Private-duty nurse when prescribed by a participating physician	

Western 4025MHP

COPAYMENT SUMMARY — *A uniform health plan benefit and coverage matrix*

Western Health Advantage

URGENT AND EMERGENCY SERVICES	COST TO MEMBER
Outpatient care to treat an injury or the sudden onset of an acute illness within or outside the WHA Service Area:	
Physician's office	$40 per visit
Urgent care center	$50 per visit
Hospital emergency room (waived if admitted)	$100 per visit after deductible+
Ambulance service as medically necessary or in a life-threatening emergency (including 911)	None

PRESCRIPTION COVERAGE (See Prescription Copayment Summary for complete information)	COST TO MEMBER
Walk-In Pharmacy (30-day supply)	
• Tier 1 – Preferred generic medication	$10*
• Tier 2 – Preferred brand name medication	$30 after deductible+*
• Tier 3 – Non-Preferred medication	$50 after deductible+*

DURABLE MEDICAL EQUIPMENT (DME)	COST TO MEMBER
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	20% copay*
Orthotics and prosthetics when determined by a participating physician to be medically necessary and when authorized in advance by WHA	$40

BEHAVIORAL HEALTH SERVICES	COST TO MEMBER
Outpatient services for mental health disorders and substance abuse	$40 per visit
Inpatient hospital services for the treatment of mental health disorders, provided at a:	
Participating acute care facility	$500 per day after deductible+
Residential treatment center or partial hospitalization	$125 per day after deductible+
Mental health disorders means disturbances or disorders of mental, emotional or behavioral functioning, including Severe Mental Illness and Serious Emotional Disturbance of Children (SED).	
Inpatient hospital services for substance abuse, including detoxification, provided at a:	
Participating acute care facility	$500 per day after deductible+
Residential treatment center or partial hospitalization	$125 per day after deductible+

OTHER HEALTH SERVICES	COST TO MEMBER
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	$500 per day after deductible+
Outpatient rehabilitative services, including:	$40 per visit
• Physical therapy, speech therapy and occupational therapy, when authorized in advance by WHA and determined to be medically necessary	
• Respiratory therapy, cardiac rehabilitation and pulmonary rehabilitation, when authorized in advance by WHA and determined to be medically necessary and to lead to continued improvement	
Inpatient rehabilitation	$500 per day after deductible+
Home self injectables, up to $100 maximum copay per 30-day supply (self injectable specialty medications that cost over $500 for a 30-day supply are limited to a 30-day supply; insulin is covered under the prescription benefit)	20% copay*
Chiropractic and Acupuncture benefits are provided through Landmark Healthplan of California, Inc., a California Knox Keene licensed plan (see additional benefit information).*	

+ These services are subject to a Deductible. You must pay for these services when you receive them, until you meet your Deductible. Charges under the Deductible are based on WHA's contracted rates with the Provider of Service.

* Copayments and the prescription deductible do not contribute to the out-of-pocket maximum (unless required for the management or treatment of diabetes or pediatric asthma supplies and equipment). Percentage copayment amounts are based on WHA's contracted rates.