



ADVANTAGE 0/20/30% 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.

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.

- \$3,000 Self-only coverage
- \$3,000 Individual with Family coverage
- \$5,000 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: 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

- \$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

Outpatient Services

- Outpatient surgery
 - Performed in office setting
- \$20 per visit
 - Performed in facility — facility fees
- 30%*
 - 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

- 30%* 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:

- \$20 per visit • Physician's office
- \$50 per visit • Urgent care center
- \$100 per visit • Emergency room — facility fees (waived if admitted)
- 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 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
- \$20 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

- \$20 per visit • Office visit
- none • Outpatient services
- 30%* • Inpatient hospital services, including detoxification — provided at a participating acute care facility
- 30%* • 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

- none Home health care when prescribed by a participating physician and determined to be medically necessary, up to 100 visits in a calendar year
- 30%* 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
- \$20 per visit Habilitation services
- \$20 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
- 30%* Inpatient rehabilitation
 - Acupuncture and chiropractic services, provided through Landmark Healthplan of California, Inc., no PCP referral required. See Alternative Medicine Copayment Summary for additional benefit details and limitations.
- \$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.