

# PREMIER 15C 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**

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.

\$1,500 Self-only coverage  
 \$1,500 Individual with Family coverage  
 \$3,000 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**

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

**Outpatient Services**

Outpatient surgery  
 \$15 per visit • Performed in office setting  
 \$15 per visit • Performed in facility — facility fees  
 none • Performed in facility — professional services  
 none Dialysis, infusion therapy and radiation therapy  
 \$15 per visit Laboratory tests, X-ray and diagnostic imaging  
 \$15 per visit 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

**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  |
| \$15 per visit | • Urgent care center  |
| \$75 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 |
| none | 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 visit  |
| none           | • Outpatient 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   |

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   |
| 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  |
| \$15 per visit   | Habilitation services   |
| \$15 per visit   | Outpatient rehabilitative services, including: <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> |
| none             | Inpatient rehabilitation <p>Acupuncture and chiropractic services, provided through Landmark Healthplan of California, Inc., when determined to be medically necessary, no PCP referral required</p>  |
| \$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.

# PRESCRIPTION L2

## COPAYMENT SUMMARY

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](http://mywha.org).

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

- Preferred generic medications listed on the PDL are covered at the lowest tier copayment level
- Preferred brand name medications listed on the PDL are provided at the second tier copayment level
- Non-preferred drugs listed on the PDL are covered at the third tier copayment level

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](http://mywha.org/pharmacy).

## PRESCRIPTION COST TO MEMBER

### Walk-In Pharmacy (up to 30-day supply)

\$5	Tier 1 – Preferred generic medication
\$20	Tier 2 – Preferred brand name medication*
\$50	Tier 3 – Non-preferred medication*

### Mail Order (up to 90-day supply)

\$10	Tier 1 – Preferred generic medication
\$40	Tier 2 – Preferred brand name medication*
\$100	Tier 3 – Non-preferred medication*

### Other Prescription Coverage

\$50	Home self-injectable medication
50%**	Erectile Dysfunction medication*, up to \$250 maximum per 30-day supply
none	Aspirin, folic acid (including in prenatal vitamins), fluoride for preschool age children, tobacco cessation medication and women's contraceptives

## 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.

At walk-in pharmacies if the actual cost of the prescription is less than the applicable copayment, the member will only be responsible for paying the actual cost of the medication.

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.