

member
responsibility

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
\$2,500 Family coverage
none Lifetime maximum



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 %
- \$20 per visit %Urgent care virtual visit
- \$20 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
- \$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 %
- none %Outpatient services
- none %
- 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:
 - %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
- none Inpatient rehabilitation
- none Abortion and abortion-related service, including pre-abortion and follow-up services
- Acupuncture and chiropractic services, provided through Landmark Healthplan of California, Inc., no PCP referral
- \$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.

