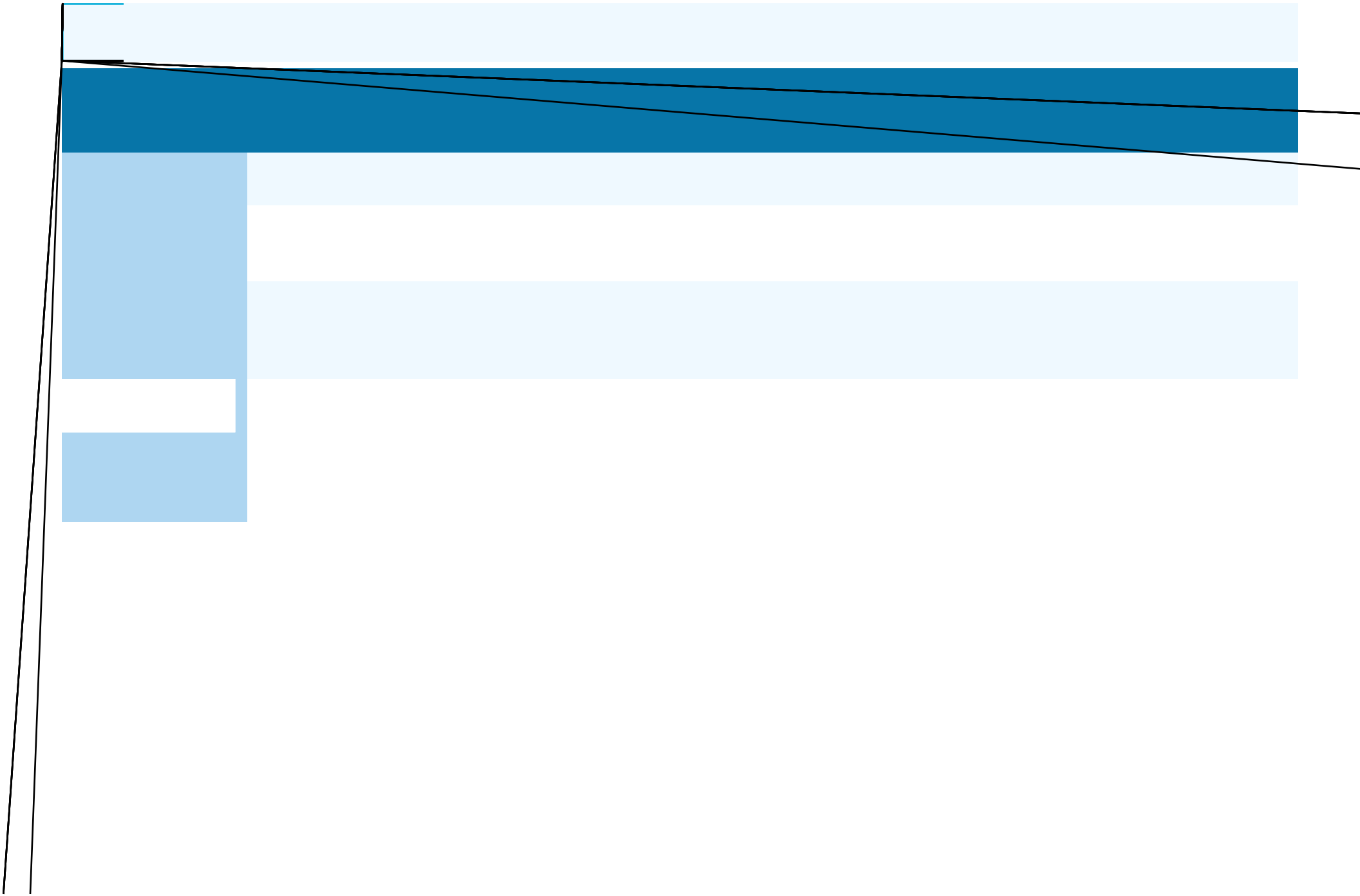
The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-888-563-2250 or visit mywha.org. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-800-318-2596 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$1,800 per calendar year	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay.
Are there services covered before you meet your deductible?	Yes, including preventive care, infertility, and annual hearing and adult vision exams	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	$3,600 per calendar year	The out-of-pocket limit



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	Not covered	Preauthorization required. Failure to obtain preauthorization may result in non-payment of services.
	Physician/surgeon fees	No charge	Not covered	Preauthorization required. Failure to obtain preauthorization may result in non-payment of services.
If you need immediate medical attention	Emergency room care	No charge	No charge	At urgent care centers, services from an out-of-network provider are covered only when obtained outside the service area.Preauthorization may be required. Failure to obtain preauthorization may result in non-payment of services.
	Emergency medical transportation	No charge	No charge	
	Urgent Care Center	No charge	No charge	
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	Not covered	Preauthorization may be required. Failure to obtain preauthorization may result in non-payment of services.
	Physician/surgeon fees	No charge	Not covered	Preauthorization may be required. Failure to obtain preauthorization may result in non-payment of services.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge	Not covered	Preauthorization required for outpatient mental health and residential treatment center. Preauthorization may be required for inpatient mental health. Failure to obtain preauthorization may result in non-payment of services.
	Inpatient services	No charge	Not covered	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different

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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.

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Kung ikaw, o ang iyong tinutulungan, 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.

Western Health Advantage
888.563.2250 TTY 888.877.5378

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