

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 %\* ... Þ Ä ^ V ^ > ~ ½ Ä œ v w V i œ Ä Û ^ Ä Ì Ö > • Û ^ Ä ^ Ì
- \$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 %" v w V i œ Ä Û ^ Ä Ì Ö > • Û ^ Ä ^ Ì
- none %Outpatient services
- none % ~ « > Ì ^ Ì ~ Ì ... œ Ä « ^ Ì > • Ä i Ä Û ^ V i Ä ] ^ ~ V • Ö ^ ~ } ` Ì Ì œ Ý ^ w V > Ì ^ œ ~ p « Ä œ Û ^ Ì ` > Ì > « > Ä Ì
- 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 Ä Ì µ Ö ^ Ä Ì ° - Ì Ì > ` ` Ì ^ œ ~ > • L Ì ~ i w Ì ^ ~ v œ Ä " > Ì ^ œ ~ > Ì " Þ Û ... > ° œ Ä } °
- \$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.

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