**City of Sacramento $40 COPAY 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.**

<table>
<thead>
<tr>
<th>member responsibility</th>
<th>DEDUCTIBLE</th>
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<tbody>
<tr>
<td>none</td>
<td>Deductible amount</td>
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**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

**cost to member Preventive Care Services**

Preventive care services, including laboratory tests, as outlined under the Preventive Services Covered without Cost-Sharing section of the EOC/DF. See additional benefit information at mywha.org/preventive.

- 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**

- $40 per visit Office or virtual visit, primary care and other practitioners not listed below
- $40 per visit Office or virtual visit, specialist
- none Vision and hearing examinations
- $40 per visit Family planning services

**Outpatient Services**

Outpatient surgery

- $40 per visit •Performed in office setting
- none •Performed in facility — facility fees
- none •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)
- 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

**Pending DMHC Approval**
## Urgent and Emergency Services

Outpatient care to treat an injury or sudden onset of an acute illness within or outside the WHA Service Area:

- $40 per visit
  - Physician’s office or virtual visit
- $45 per visit
  - Urgent care virtual visit
- $50 per visit
  - Urgent care center
- $50 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)

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**

- None
  - Office or virtual visits
- 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 mean disturbances or disorders of mental, emotional or behavioral functioning, including Severe Mental Illness and Serious Emotional Disturbance of Children (SED).

## Other Health Services

**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 benefit period
- None
  - Hospice services
- $40 per visit
  - Habilitation services
- $40 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 required. See additional benefit information at mywha.org.

- $15 per visit
  - Acupuncture, up to 20 visits per year
- $15 per visit
  - Chiropractic care, up to 20 visits per year

**Copayments do not contribute to the medical out-of-pocket maximum.**
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. Western Health Advantage does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Western Health Advantage:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Member Services Manager at 888.563.2250 and find more information online at https://www.westernhealth.com/legal/non-discrimination-notice/.

If you believe that Western Health Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance by telephone, mail, fax, email, or online with:
Member Services Manager, 2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833, 888.563.2250 or 916.563.2250, 888.877.5378 (TTY), 916.568.0126 (fax), memberservices@westernhealth.com, https://www.westernhealth.com/legal/grievance-form/. If you need help filing a grievance, the Member Services Manager is available to help you. For more information about the Western Health Advantage grievance process and your grievance rights with the California Department of Managed Health Care, please visit our website at https://www.westernhealth.com/legal/grievance-form/.

If there is a concern of discrimination based on race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at:

ENGLISH
If you, or someone you’re helping, have questions about Western Health Advantage, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 888.563.2250 or TTY 888.877.5378.

SPANISH
Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Western Health Advantage, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 888.563.2250, o al TTY 888.877.5378 si tiene dificultades auditivas.

CHINESE
如果您，或是您正在協助的對象，有關於Western Health Advantage方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話888.563.2250或聽障人士專線(TTY) 888.877.5378。

VIETNAMESE
Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Western Health Advantage, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số 888.563.2250, hoặc gọi đường dây TTY dành cho người khiếm thính tại số 888.877.5378.

TAGALOG
Kung ikaw, o ang iyong tinitulongan, ay may mga katanungan tungkol sa Western Health Advantage, may karapatan ka na makakuhang tulog 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.
If you, or the person you are helping, have questions about Western Health Advantage, you may contact us at 888.563.2250. You may also contact us by TTY at 888.877.5378. However, we are unable to provide TTY services to the hearing impaired.

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