

UC 106A

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 maximum out-of-pocket expense for a member per calendar year is limited to either the Self-only, Individual with Family or Family coverage amount, whichever is met first:

\$1,000 Self-only coverage
 \$1,000 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

\$20 per visit Office visits, primary care physician (PCP)
 \$20 per visit Office visits, specialist
 none Vision and hearing examinations
 \$20 per visit Family planning services

Outpatient Services

Outpatient surgery

- \$20 per visit • Performed in office setting
- \$100 per visit • Performed in facility — facility fees
- none • Performed in facility — professional services
- none Dialysis, infusion therapy and radiation therapy
- none Laboratory tests, X-ray and diagnostic imaging
- none Imaging (CT/PET scans and MRIs)
- \$20 per visit Specialty drugs injected in office setting
- \$5 per visit Therapeutic injections, including allergy shots

cost to member Hospitalization Services

\$250 per admission	Facility fees — semi-private room and board and hospital services for acute care or intensive care, including: <ul style="list-style-type: none"> • 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 • Inpatient transgender surgery and services related to the surgery***
none	Professional inpatient services, including physician, surgeon, anesthesiologist and consultant services

Urgent and Emergency Services

	Outpatient care to treat an injury or sudden onset of an acute illness within or outside the WHA Service Area
\$20 per visit	• Physician's office
\$20 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

	Walk-in pharmacy (30-day supply)
\$5	Tier 1 – Preferred generic medication
\$25	Tier 2 – Preferred brand name medication ¹
\$40	Tier 3 – Non-preferred medication ¹
	Mail order (up to 90-day supply)
\$10	Tier 1 – Preferred generic medication
\$50	Tier 2 – Preferred brand name medication ¹
\$80	Tier 3 – Non-preferred medication ¹
	UC Medical Center Pharmacy/Retail Chain Pharmacies (90-day supply)
\$10	Tier 1 – Preferred generic medication
\$50	Tier 2 – Preferred brand name medication ¹
\$80	Tier 3 – Non-preferred medication ¹
	Specialty Drugs
\$40	Oral
\$5/25/40	Self-Injectable
50%*	Sexual dysfunction (oral and injectable); 8 doses per 30-day supply
\$25	Insulin (30-day supply)

Access to specialty medications at walk-in pharmacies is subject to limitations.

The following prescription medications are covered at no cost to the member (generic required if available): aspirin, prenatal vitamins, folic acid, fluoride for preschool age children, and women's contraceptives.

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.

¹Members are required to pay the difference between a brand name and a generic drug plus the generic copay, when the generic is available. (Exceptions for medical necessity are available via prior authorization, if approved, the applicable brand copay applies.)

cost to member Nicotine Replacement Therapy

- none Over-the-Counter (OTC)
- Patch
 - Gum
 - Lozenge
- OTC products must be prescribed by a physician. Limitations: Standard treatment is 12 weeks.
- none Prescription
- Nicotine inhaler
 - Nicotine spray
 - Bupropion (Generic)/Zyban (Brand)
 - Varenicline (Generic)/(Chantix (Brand))

Durable Medical Equipment (DME)

- none 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

Behavioral health services, including chemical dependency services, are not covered by WHA. They are covered through OPTUM Health, the supplemental coverage provided by your employer. You may reach OPTUM Health at 888.440.8225.

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
- 50%* Hearing Aids: includes one standard device per ear every 36 months (\$2,000 benefit maximum)**
- \$20 per visit Habilitation services
- \$20 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
- \$250 per admission Inpatient rehabilitation
- Acupuncture and chiropractic services, provided through Landmark Healthplan of California, Inc., when determined to be medically necessary, no PCP referral required
- \$20 per visit • Acupuncture
- \$20 per visit** • Chiropractic care
- NOTE: 24 visits per year maximum (chiropractic and acupuncture combined)
- 50%* Infertility testing and treatment services, including drugs provided**
- none Diabetic supplies

* Percentage copayment amounts are based on WHA's contracted rates with the provider of service.

** Copayments do not contribute to the out-of-pocket maximum.

*** Transgender surgery and services related to the surgery require prior authorization by WHA.

HEARING AID BENEFIT

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cost to member **HEARING AID INSTRUMENT AND ANCILLARY EQUIPMENT**
50%* Includes a standard device for both ears every 36 months (\$2,000 benefit maximum)

Benefit includes:

- Monaural or binaural including ear mold(s);
- Initial battery, cords and other ancillary equipment;
- Visits for fitting, counseling, adjustments, repairs at no charge for a one-year period following the provision of a covered hearing aid (after the one-year period expires, the member is responsible for all charges).

EXCLUSIONS

The purchases of batteries or other ancillary equipment, except those covered under the terms of the initial hearing aid purchase, and charges for a hearing aid which exceeds specifications prescribed for correction of a hearing loss; replacement parts for hearing aids, repair of hearing aid after the covered one-year warranty period, replacement of hearing aid more than once in any period of 36 months.

HOW TO OBTAIN A HEARING AID

1. Talk to your doctor about your hearing difficulty.
2. Your primary care physician will coordinate a referral to an audiologist and obtain any necessary prior authorization.
3. You will then be contacted and advised how to schedule an exam with an audiologist.
4. If deemed necessary after that exam, hearing aid instruments and ancillary equipment will be coordinated for you by your doctor and/or the audiologist.

* Member's share of cost for covered hearing aid devices does not contribute to the annual out-of-pocket maximum of your medical plan with Western Health Advantage.

Percentage copayment amounts are based on WHA's contracted rate.