



Premier 20

COPAYMENT SUMMARY

All care and benefits listed are covered when provided or authorized by Western Health Advantage (WHA). This is a Copayment Summary of health care services; consult the Combined Evidence of Coverage and Disclosure Form for exact benefits, exclusions, limitations and other applicable out-of-pocket expenses.

PROFESSIONAL SERVICES	YOU PAY
Office visits for medical and pediatric care	\$20 visit
Well-baby care, birth to two years.	Covered in full
Maternity care, after the initial diagnosis, pre and post-natal visits	Covered in full
Immunizations, adult and pediatric	Covered in full
Periodic physical examinations	\$20 visit
Office visits for consultation or care by a non-primary provider when referred by your primary care physician	\$20 visit
Allergy testing	\$20 visit
Eye and hearing examinations	\$20 visit
Family planning services.	\$20 visit

OUTPATIENT SERVICES	YOU PAY
Outpatient surgery (performed in office setting)	\$20 visit
Outpatient surgery (facility)	\$100 visit
Laboratory, X-ray, electrocardiograms and all other tests.	Covered in full
Therapeutic injections, including allergy shots	\$5 visit
All generally accepted cancer screening tests	Covered in full

HOSPITALIZATION SERVICES	YOU PAY
Semi-private room and board for acute care, including delivery (private room when determined medically necessary by a participating provider).	Covered in full
Inpatient services include:	
<ul style="list-style-type: none"> • Physicians' services, including surgeons and consultants • Hospital specialty services including use of operating and recovery room, anesthesia, inpatient drugs, X-ray, laboratory, radiotherapy and nursery care for newborn babies • Medical, surgical, and cardiac intensive care • Private-duty nurse when prescribed by a participating physician • Blood transfusion services 	

SKILLED NURSING CARE	YOU PAY
Semi-private room and board in a skilled nursing facility, when medically necessary and arranged by a primary care physician, including drugs and prescribed ancillary services, up to 100 days per calendar year.	Covered in full

REHABILITATION SERVICES	YOU PAY
Short-term rehabilitative services including physical therapy, speech therapy, respiratory therapy or an organized program of such services:	
Outpatient rehabilitation.	\$20 visit
Inpatient rehabilitation	Covered in full



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MENTAL HEALTH AND CHEMICAL DEPENDENCY	YOU PAY
Outpatient Mental Health and Substance Abuse (combined benefit):	
Outpatient services for evaluation and short-term care, up to 20 visits in a calendar year.	\$20 visit
Inpatient mental health: Inpatient hospital services provided at a participating acute care facility for the treatment of psychiatric disorders when authorized in advance by WHA, up to 20 days per calendar year	Covered in full
Inpatient chemical dependency: Short-term inpatient detoxification only, at a WHA acute care facility	Covered in full
 SEVERE MENTAL ILLNESS	
Coverage for Severe Mental Illnesses and Serious Emotional Disturbance of Children (SED) when authorized in advance by WHA (Severe Mental Illness diagnoses include: Schizophrenia, Schizoaffective Disorder, Pervasive Developmental Disorder or Autism, Obsessive-Compulsive Disorder, Panic Disorder, Major Depressive Disorder, Bipolar Disorder, Anorexia Nervosa and Bulimia Nervosa).	
Outpatient Severe Mental Health: Outpatient services for evaluation and short-term care (unlimited visits)	\$20 visit
Inpatient Severe Mental Health: Inpatient hospital services provided at a participating acute care facility for the treatment of severe psychiatric disorders as listed above, when authorized in advance by WHA (unlimited days)	Covered in full
 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	
	Covered in full
Durable Medical Equipment (DME) and prosthetic/orthotic devices when determined by a participating physician to be medically necessary and when authorized in advance by WHA.	20% copay*
Ambulance service as medically necessary or in a life-threatening emergency (including 911)	Covered in full
Home self injectables, up to \$100 maximum copay per 30 day supply	20% copay*
(Insulin is covered under the prescription benefit)	
Chiropractic and Acupuncture benefits are provided through Landmark Healthcare Inc, a California Knox Keene licensed plan (see additional benefit information).*	
 URGENT AND EMERGENCY SERVICES	
Outpatient care to treat an injury or the sudden onset of an acute illness within or out of the WHA Service Area:	
Physician's office.	\$20 visit
Urgent care center.	\$35 visit
Hospital emergency room (waived if admitted)	\$100 visit

Annual out-of-pocket maximum: Maximum out of pocket expenses per calendar year for Members under Premier 20 is limited to \$1,500 for an Individual and \$2,500 for a Family.

*Copayments do not contribute to the out-of-pocket maximum (unless required for management or treatment of diabetes).