member responsibility	DEDUCTIBLE
$1,800*	Self-only coverage
$3,000*	Individual with Family coverage
$3,600*	Family coverage

The annual deductible is the amount of money a member or family must pay for covered services before WHA is responsible for covered services. Each member enrolled as a family must meet the Individual with Family coverage amount or Family coverage amount, whichever is met frst. Once the deductible is met, the relevant copayment(s) will apply. The deductible applies to both medical and pharmacy expenses. The deductible does not apply to Preventive Care Services, as noted below. Amounts paid for non-covered services do not count toward a member's deductible.

	ANNUAL OUT-OF-POCKET MAXIMUM
$3,600	Self-only coverage
$3,600	Individual with Family coverage
$7,200	Family coverage

The out-of-pocket maximum is the most a member will pay in a calendar year for covered services. It includes the deductible and copayments. Once the deductible and 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.

none	Lifetime maximum

cost to member	SERVICES NOT SUBJECT TO DEDUCTIBLE
none	Preventive care services, including laboratory tests, as outlined under the Preventive Services Covered without Cost-Shar È ɜ È ï ʌ ʌ ڤي ا ʌ â ☻

- Annual physical examinations and well baby care
- Immunizations, adult and pediatric
- Women's preventive services
- Routine prenatal care and lab tests, and frst 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

services as described in this copayment summary.

none	Vision examination
none	Hearing examination

cost to member after deductible is met	SERVICES SUBJECT TO DEDUCTIBLE
	Professional Services
none	Offce or virtual visit, primary care and other practitioners not listed below
none	Offce or virtual visit, specialist
none	Family planning services

cost to member after deductible is met	SERVICES SUBJECT TO DEDUCTIBLE
	Outpatient Services
	Outpatient surgery
none	• 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
	Urgent and Emergency Services
	Outpatient care to treat an injury or sudden onset of an acute illness within or outside the WHA Service Area
none	• Physician's office or virtual visit
none	• Urgent care virtual visit
none	• Urgent care center
none	• Emergency room — facility fees
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)
none	• Tier 1 - Preferred generic and certain preferred brand name medication
$30	• Tier 2 - Preferred brand name and certain non-preferred generic medication[1]
$50	• Tier 3 - Non-preferred (generic or brand) medication[1]
	Mail order (up to 90-day supply)
none	• Tier 1 - Preferred generic and certain preferred brand name medication
$75	• Tier 2 - Preferred brand name and certain non-preferred generic medication[1]
$125	• Tier 3 - Non-preferred (generic or brand) medication[1]
	Other Prescription Coverage
none	Home self-injectable medication
50%*	Erectile Dysfunction medication[1], up to $250 maximum per 30-day supply
none	Aspirin, folic acid (including in prenatal vitamins), fuoride for preschool age children, tobacco cessation medication and women's contraceptives; generic required if available
	Members will pay the lesser of the applicable copayment, the actual cost, or the retail price of the prescription.

cost to member after deductible is met	SERVICES SUBJECT TO DEDUCTIBLE
	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
	Mental Health Disorders and Substance Abuse
none	• Office visit or virtual visit
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 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
none	Habilitation services
none	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.
none	• Acupuncture, up to 20 visits per year
none	• Chiropractic care, up to 20 visits per year

* Deductibles or percentage copayments are based upon WHA's contracted rates with the provider of service.

** The amount paid for the difference in cost does not apply to the deductible or contribute to the out-of-pocket maximum.