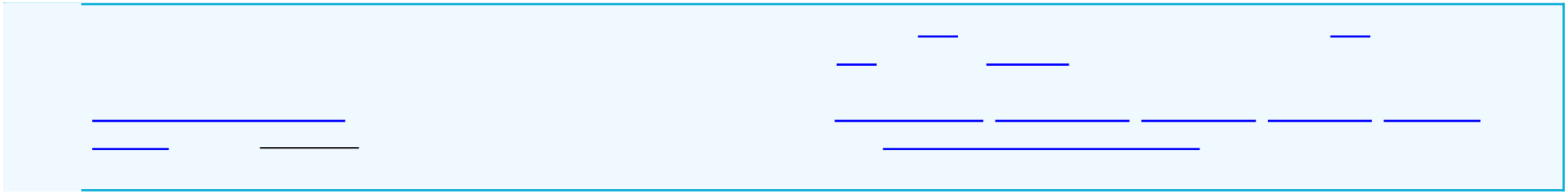

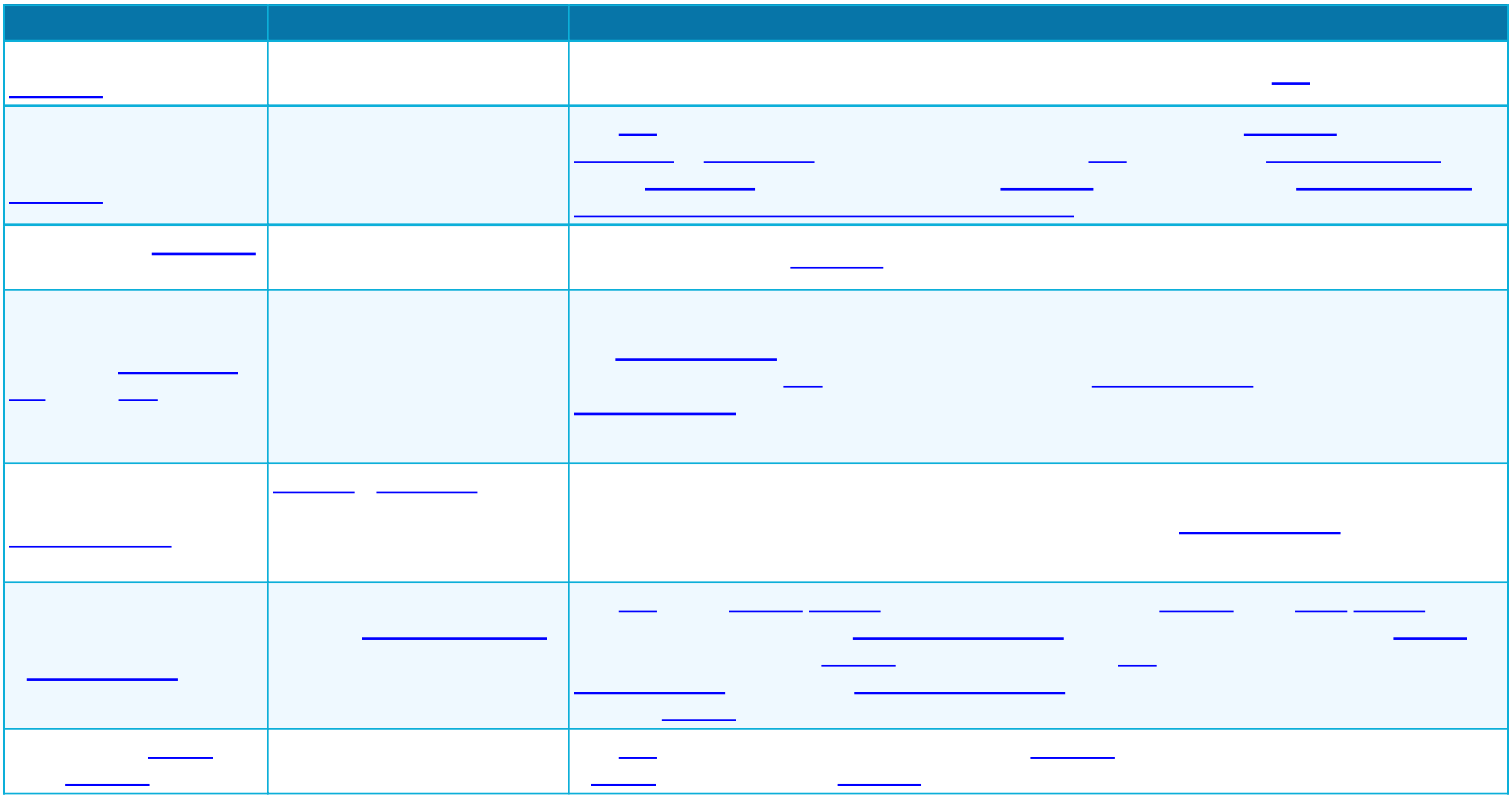

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$15/visit	Not covered	None
	Specialist visit	$15/visit	Not covered	Preauthorization may be required. Failure to obtain preauthorization may result in non-payment of services.
	Preventive care/screening/ immunization	No charge	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge	Not covered	Preauthorization may be required for diagnostic tests. Preauthorization required for imaging. Failure to obtain preauthorization may result in non-payment of services.
	Imaging (CT/PET scans, MRIs)	No charge	Not covered	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.optumrx.com/calpers	Generic drugs	Retail: $5/prescription (30-day supply); Mail order: $10/prescription (90 to 100-day supply)	Not covered	Prescription benefits provided by OptumRx.* No charge for blood glucose test strips.
	Preferred brand drugs	Retail: $20/prescription (30-day supply); Mail order: $40/prescription (90 to 100-day supply)	Not covered	
	Non-preferred brand drugs	Retail: $50/prescription (30-day supply); Mail order: $100/prescription (90 to 100-day supply)	Not covered	
	Specialty drugs	Copayments apply as described above (Generic, Preferred brand and Non-preferred brand)	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	Not covered	Preauthorization required. Failure to obtain preauthorization may result in non-payment of services.
	Physician/surgeon fees	No charge	Not covered	Preauthorization required. Failure to obtain preauthorization may result in non-payment of services.
If you need immediate medical attention	Emergency room care	$50/visit (facility); No charge (professional)	$50/visit (facility); No charge (professional)	Member cost shares for emergency room care are waived if admitted. At urgent care centers, services from an out-of-network provider are covered only when obtained outside the service area. Preauthorization may be required. Failure to obtain preauthorization may result in non-payment of services.
	Emergency medical transportation	No charge	No charge	
	Urgent Care Center	$15/visit	$15/visit	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Office visits	No charge	Not covered	Cost sharing doCID. No charge _____ _____
				_____ _____ _____ _____
	_____			_____ _____
	_____			_____ _____
	_____			_____ _____
	_____			_____
	_____			_____ _____
	_____			_____ _____

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	No charge	Not covered	One comprehensive eye exam per year (including dilation if medically indicated).
	Children's glasses	Not covered	Not covered	See Durable Medical Equipment for medically necessary glasses/contact lenses after cataract surgery.
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Cosmetic Surgery
- Dental Care Adult
- Long-Term Care
- Non-emergency care when traveling outside the U.S.
- Private-Duty Nursing
- Routine Foot Care
- Weight Loss Programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Abortion Services
- Acupuncture
- Bariatric Surgery
- Chiropractic Care
- Hearing Aids
- Infertility Treatment
- Routine Eye Care Adult

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Managed Health Care California Help Center, 980 9th Street Suite #500, Sacramento, CA 95814-4275 at 1-888-466-2219 or www.dmhc.ca.gov, or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help you if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. Additionally, a consumer assistance program can help you file your appeal. For more information about your rights, this notice, or assistance, contact the California Department of Managed Health Care at 1-888-446-2219 or 1-888-877-5378 (TTY) or visit their website www.dmhc.ca.gov.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standard, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

See addendum for notification of nondiscrimination and language assistance.

To see examples of how this **plan** might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

(9 months of in-network pre-natal care and a hospital delivery)

The Plan's overall Deductible	$0
Specialist Copayment	$15
Hospital (facility) Copayment	$0
Other Copayment	$15

his EXAMPLE event includes services like:
pecialist office visits (*prenatal care*)
hildbirth//Delivery Professional Services
hildbirth/Delivery Facility Services
iagnostic tests (*ultrasounds and blood work*)
pecialist visit (*anesthesia*)

Total Example Cost	$12,700

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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 lp-4e(241yu.8 ol3s)u241F241m11r 8nde-449(in21)3f (g)18 38ndmau tg-1tu17 (io1--i)-n-4e(31 a)(6 b)ih (iol3s)utu17 (h21)3e - (e)-n241sm8.8 (4 9e)n241r31 Hu

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Western Health Advantage, may karapatan ka na makakuha ng tulong 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.

Western Health Advantage
888.563.2250 TTY 888.877.5378