

WESTERN PREFERRED ADVANTAGE PLAN Landscape H&W - Effective Date: Current

Calendar Year Deductible	\$150 Individual / \$300 Family		
Out of Pocket Maximum (per Calendar Year)	\$150 individual / \$300 Family \$12,500 Individual / \$25,000 Family		
Benefit Maximum	Unlimited		
Percentage Payable	80% (Participating Providers) / 60% (Non-Participating Providers).		
Participating Primary Care Provider	This would encompass General, Family, OB/GYN, Internist, and Pediatrician.		
Participating Provider Networks			
	California: Anthem Blue Cross www.anthem.com/ca		
	Arizona: Blue Cross Blue Shield of Arizona www.bcbsaz.com All Other States: MultiPlan www.multiplan.com		
B. PAID HOSPITAL EXPENSES	Participating Provider (1) Subject to Deductible Unless Noted.	Non-Participating Provider (2) Subject Deductible	
A copayment equal to the Deductible is charged to you when a	Non-participating Hospital is used.		
Inpatient/Outpatient Care ~ Includes Room & Board, Ancillary Charges	80% Negotiated Contract Rate (3)	60% of Reasonable & Customary	
Intensive Care	80% Negotiated Contract Rate	60% of Reasonable & Customary to \$750 a day Maximum	
Preadmission Testing ~ When testing is not done prior to admission, charges for confinement will be reduced by 1 day	80% Negotiated Contract Rate	60% of Reasonable & Customary	
Emergency Room for Illness Participating & Non Participating Providers: \$100 Co-pay (copay waived if admitted to the Hospital)	80% Negotiated Contract Rate	80% of Reasonable & Customary	
Emergency Room for an Emergency Participating & Non Participating Providers: \$100 Co-pay copay waived if admitted to the Hospital)	80% Negotiated Contract Rate	80% of Reasonable & Customary	
Outpatient Hospital Care ~ All Other	80% Negotiated Contract Rate	60% of Reasonable & Customary	
Surgery Centers ~ Requires Pre-Authorization	80% Negotiated Contract Rate	60% of Reasonable & Customary	
C. PROFESSIONAL SERVICES	Participating Provider Subject to Deductible Unless Noted.	Non-Participating Provider Subject to	
Surgeon / Assistant Surgeon / Anesthesia/ Doctor Hospital Visit	80% Negotiated Contract Rate	80% of Reasonable & Customary	
Poctor Visit (Office or Home) / Primary & Specialist	\$15 Copay, then 100% of		
Total Vol. (O.1100 of Fronto) / Frinary & Openialist	Negotiated Contract Rate. Not Subject to Deductible.	80% of Reasonable & Customary	
njectables (Billed separately or as part of Office Visit)	Percentage Payable of Covered Expense.	Percentage Payable of Reasonable & Customary.	
Illergy Injections and Allergy Testing dispensed in the	\$15 Copay, then 100% of	Percentage Payable of Reasonable	
Physicians Office.	Negotiated Contract Rate.	& Customary.	
O. OTHER COVERED EXPENSE	Participating Provider Subject to Deductible Unless Noted.	Non-Participating Provider Subject to Deductible	
liagnostic X-Ray & Laboratory (DXL)	100% after office visit copay when billed by Primay Care Provider, Otherwise 80% of Negotiated Contract Rate.	80% of Reasonable & Customary	
at Scans, MRI's, MRA'S, Bone Density, PET Scans	80% Negotiated Contract Rate	80% of Reasonable & Customary	
killed Nursing (\$2,000 Calendar Year Maximum)	80% Negotiated Contract Rate	80% of Reasonable & Customary	
mbulance	80% Negotiated Contract Rate	80% of Reasonable & Customary	
urable Medical Equipment	80% Negotiated Contract Rate	80% of Reasonable & Customary	
rthotics (Medically necessary & Custom Made Only)	80% Negotiated Contract Rate	80% of Reasonable & Customary	



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Chemotherapy and Radiation Therapy	80% Negotiated Contract Rate	80% of Reasonable & Customary	
Physical, Occupational, and Speech Therapy	80% Negotiated Contract Rate	80% of Reasonable & Customary	
Home Health Care ~ Limited to 60 four hour days per			
Calendar Year.	80% Negotiated Contract Rate	80% of Reasonable & Customary	
Chiropractic Care - Including X-Rays	Pays the Percentage	Pays the Percentage	
(X-Rays to \$75; Maximum \$500 Per Calendar Year)	Payable of Covered Expense	Payable of Covered Expense	
Acupuncture (Pain Management Only)	80% Negotiated Contract Rate	80% of Reasonable & Customary	
Preventative Care / Screening / Immunization	100% of Negotiated Contract Rate	Not a Covered Expense	
Routine Well Baby Care ~ Includes Initial Hospital			
Confinement, Nursery Care, Physician Visits, Circumcision	100% of Negotiated Contract Rate	Not a Covered Expense	
Routine Well Child Care (up to age 18) ~ Includes	4000/-614 (5.4.10		
Office Visits, routine Lab Test, X-Rays, & Immunizations	100% of Negotiated Contract Rate	Not a Covered Expense	
Routine Well Woman Care ~ Includes routine			
PAP smear, mammograms, & related Office Visits	100% of Negotiated Contract Rate	Not a Covered Expense	
Routine Mammogram			
Severe Mental Illness			
Requires Pre-Authorization: Failure to obtain approval	Payable as any Other Covered Expense	Payable as any Other Covered Expense.	
results in a reduction of benefits by 50%.			
Serious Emotional Disturbances For a Dependent			
(Up to age 18) Subject to Section 10144.5 California	Payable as any Other Covered Expense	Payable as any Other Covered Expense.	
Insurance Code.		and the day of the control of the co	
Infertility	After a separate \$500 deductible, plan pays \$2,000 Lifetime.		
	Related drugs limited to \$3,000 Lifetime Maximum.		
E. UTILIZATION MANAGEMENT	PRE-AUTHORIZATION ~ BLUE CROSS OF CALIFORNIA (800) 274-7767		
Inpatient Admissions and Outpatient Surgery Outpatient Surgery and Surgery Centers	Requires Pre-Admission review of at least 3 working days for non-emergency Hospital Admissions. Within 48 hours of admission for all other admissions. Failure to obtain approval results in 50% reduction in benefits.		
F. PRESCRIPTION DRUGS	Requires prior authorization or an extra \$250 co-pay per occurrence.		
1. PRESCRIPTION DRUGS	Pinnacle Rx - (877) 782-9658		
Participating pharmacies only.	Deductible: None		
Mandatory Generic Substitution.	Generic: \$10		
	Preferred Brand (Formulary): \$25		
Maximum 30-day Supply	Non-Preferred Brand (Non-formulary): 40% with minimum of \$35		
Specialty Self Injection	Specialty: 20%		
Mail Order Program	Pinnacle Rx - (877) 782-9658		
Maximum 90-day Supply	Deductible: None		
	Generic: \$20		
Approved Maintenance Medication Only	Preferred Brand (Formulary): \$50		
G. SPECIAL PROVISIONS	Participating Provider	Non-Participating Provider	
Mexico Panel Program: \$6 co-pay per Visit / \$5 co-pay per medication. Inpatient ~ \$65 co-pay per admission. \$25 co-pay per day. 15% co-pay on surgical services. X-ray/laboratory ~ \$5 co-pay per day	Must Utilize a Mexico Panel Provider in the Border Cities (Mexicali, San Luis, Tijuana, Nogales, Los Algodones)	Not a Covered Expense	



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H. OPTIONAL BENEFITS			
Mental & Nervous Conditions ~ (Not including Severe Mental Illness)	Inpatient	80% Negotiated Contract Rate. Without Pre-authorization 50% of covered expense.	60% of Scheduled Amount
	Outpatient	\$15 Copay, then 100% of Negotiated Contract Rate. Not Subject to Deductible.	60% of Scheduled Amount
Chemical Dependency / Substance Abuse Requires Pre-Authorization	Inpatient	80% Negotiated Contract Rate Without Pre- authorization 50% of covered expense.	60% of Scheduled Amount
No Pre-Authorization	Outpatient	\$15 Copay, then 100% of Negotiated Contract Rate.	60% of Scheduled Amount
Supplemental Accident		INVALID ENTRY	
NurseLine		INVALID ENTRY	

- (1) Out of Pocket (OOP): This is the patient's responsibility that must be meet prior to the plan paying 100%. Includes deductibles & co-pays on the medical portion of the plan. The family OOP is 2X the individual amount. Non-Participating Providers are excluded from the OOP.
- (2) Participating Provider: Health Care Providers who have a contract with Western Growers Assurance Trust to discount their fees. Your benefits will be greater and your out-of-pocket expenses less if you use these Participating Providers. If the Limited PPO Newtwork is selected: providers NOT designated on the Limited Network will be considered Non-Par if the Limited Network is selected.
- (3) Non-Participating Provider: Health Care Providers who do not have a contract with Western Growers Assurance Trust or Anthem to discount their fees. Your benefits will be less and your out-of-pocket expenses more (perhaps significantly more) if you use Non-Participating Providers.
- (4) Negotiated Contract Rate: The rate to be paid for certain specified treatment as agreed upon by Participating Providers and Western Growers Assurance Trust.
- (5) Severe Mental Illness is defined as one of the following diagnosis: ~Schizophrenia ~Schizophrenia Disorder~ Bipolar Disorder (manic depressive) ~Major Depressive Disorders ~Panic Disorders ~Obsessive-Compulsive Disorder ~ Pervasive Development Disorder or Autism ~Anorexia Nervosa ~Bulimia Nervous. Please refer to your Plan Description for additional information concerning these benefits and limitations. All services must be substantiated by Medical Records to determine Medically Necessary services prior to benefits being paid.

PLEASE CALL OUR WGAT CUSTOMER SERVICE DEPARTMENT AT (800) 777-7898 FOR FURTHER INFORMATION.

NOTE: This outline is for use as a reference only and is a summary of available benefits. It is not a contract. All benefits referenced are subject to any applicable exclusions and/or limitations in your Western Growers Assurance Trust Summary Benefit Description and member eligibility at the time services are rendered.

By: 7/17/2015