

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

A. GENERAL FEATURES		
Calendar Year Deductible	\$150 Individual / \$300 Family	
Out of Pocket Maximum (per Calendar Year)	\$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 to 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 Deductible
Surgeon / Assistant Surgeon / Anesthesia/ Doctor Hospital Visit	80% Negotiated Contract Rate	80% of Reasonable & Customary
Doctor Visit (Office or Home) / Primary & Specialist	\$15 Copay, then 100% of Negotiated Contract Rate. Not Subject to Deductible.	80% of Reasonable & Customary
Injectables (Billed separately or as part of Office Visit)	Percentage Payable of Covered Expense.	Percentage Payable of Reasonable & Customary.
Allergy Injections and Allergy Testing dispensed in the Physicians Office.	\$15 Copay, then 100% of Negotiated Contract Rate.	Percentage Payable of Reasonable & Customary.
D. OTHER COVERED EXPENSE	Participating Provider Subject to Deductible Unless Noted.	Non-Participating Provider Subject to Deductible
Diagnostic X-Ray & Laboratory (DXL)	100% after office visit copay when billed by Primary Care Provider. Otherwise 80% of Negotiated Contract Rate.	80% of Reasonable & Customary
Cat Scans, MRI's, MRA'S, Bone Density, PET Scans	80% Negotiated Contract Rate	80% of Reasonable & Customary
Skilled Nursing (\$2,000 Calendar Year Maximum)	80% Negotiated Contract Rate	80% of Reasonable & Customary
Ambulance	80% Negotiated Contract Rate	80% of Reasonable & Customary
Durable Medical Equipment	80% Negotiated Contract Rate	80% of Reasonable & Customary
Orthotics (Medically necessary & Custom Made Only)	80% Negotiated Contract Rate	80% of Reasonable & Customary

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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.
Supplemental Accident	INVALID ENTRY		
NurseLine	INVALID ENTRY		

(1) Out of Pocket (OOP): This is the patient's responsibility that must be met 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 Network 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