



Woodland Chamber of Commerce
Plan Options
Effective January 1, 2010

Medical Benefits	Premier 20 Rx H	Advantage 420 Rx H	Western 4010 Rx W	Western 2800 - an HSA Compatible Plan
Annual Deductible				
Medical	None	None	\$1,000 individual \$2,000 family	\$2,800 enrolled as a single or \$5,600 enrolled as a family
Pharmacy	None	None	\$150 per member, brand and non-preferred medications	Included w/ medical deductible
Annual Out of Pocket Maximum				
Individual	\$1,500	\$2,500	\$4,000	\$4,000 enrolled as single
Family	\$2,500	\$4,500	\$8,000	\$8,000 enrolled as family
Professional / Outpatient Services				
Physician office visits	\$20 per visit	\$20 per visit	\$40 per visit	\$40 per visit+, <i>after deductible is met</i>
Periodic physical exams	\$20 per visit	\$20 per visit	\$40 per visit	\$40 per visit
Immunizations	Covered in full	Covered in full	Covered in full	Covered in full
Well baby care, up to two years	Covered in full	Covered in full	Covered in full	Covered in full
Maternity care, pre and post-natal visits	Covered in full	Covered in full	Covered in full	Covered in full
Eye and hearing exams	\$20 per visit	\$20 per visit	\$40 per visit	\$40 per visit
Breast, cervical and prostate cancer screenings	Covered in full	Covered in full	Covered in full	Covered in full
Allergy testing / shots	\$20 per visit / \$5 per visit	\$20 per visit / \$5 per visit	\$40 per visit / \$5 per visit	\$40 per visit+ / \$5 per visit+, <i>after deductible is met</i>
Lab, X-ray and other tests	Covered in full	Covered in full	Covered in full	Covered in full+, <i>after deductible is met</i>
Outpatient surgery, office	\$20 per visit	\$20 per visit	\$40 per visit	\$40 per visit+, <i>after deductible is met</i>
Outpatient surgery, facility	\$100 per visit	\$100 per visit	\$250 per visit+	\$250 per visit+, <i>after deductible is met</i>
Hospitalization Services				
Facility fees	Covered in full	\$500 per day, 1-5 days	\$500 per day+	\$500 per day+, <i>after deductible is met</i>
Professional inpatient services	Covered in full	Covered in full	Covered in full	Covered in full+, <i>after deductible is met</i>
Urgent and Emergency Services				
Physician's office	\$20 per visit	\$20 per visit	\$40 per visit	\$40 per visit+, <i>after deductible is met</i>
Urgent care center	\$35 per visit	\$35 per visit	\$50 per visit	\$50 per visit+, <i>after deductible is met</i>
Emergency room, waived if admitted	\$100 per visit	\$100 per visit	\$100 per visit+	\$100 per visit+, <i>after deductible is met</i>

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Behavioral Health Services				
Outpatient mental health and substance abuse	\$20 per visit	\$20 per visit	\$40 per visit	\$40 per visit+, <i>after deductible is met</i>
Inpatient mental health	Covered in full	\$500 per day, 1-5 days	\$500 per day+	\$500 per day+, <i>after deductible is met</i>
Inpatient substance abuse for detoxification only	Covered in full	\$500 per day, 1-5 days	\$500 per day+	\$500 per day+, <i>after deductible is met</i>
Chiropractic and Acupuncture				
Chiropractic, up to 20 visits	\$15 per visit	\$15 per visit	\$15 per visit	Not covered
Acupuncture, up to 20 visits	\$15 per visit	\$15 per visit	\$15 per visit	Not covered
Prescription Benefits				
	Rx H	Rx H	Rx W	Included w/ medical plan
Generic medications	\$10	\$10	\$10	\$10+, <i>after deductible is met</i>
Brand name medications	\$30	\$30	\$30+	\$30+, <i>after deductible is met</i>
Non-preferred medications	\$50	\$50	\$50+	\$50+, <i>after deductible is met</i>
Mail Order prescription services available (90 supply for 2.5 times the retail pharmacy copayment)				

+ Services are subject to the annual deductible.

This benefit summary is for illustrative purposes only. Consult the applicable Copayment Summary and the WHA Combined Evidence of Coverage and Disclosure document for exact benefits, exclusions & limitations.