2026 Supplemental Benefits

For PrimeWest Senior Health Complete (PWSHC)/Prime Health Complete (PHC)

Note: Benefits are subject to change annually (services may not exceed 12/31/2026)

Available to providers contracted with PrimeWest Health

Supplemental Benefit	Supplemental Benefit Description	Member Eligibility	Procedure Code	Special Instructions
Animatronic Pet	• Limited to one pet per year • Member can choose from either a cat or a dog	For PWSHC members with dementia or a related diagnosis	N/A	Email PrimeWest Health Provider Services staff at ProviderRelations@primewest.org for more information.
Dental	Replacement dentures; additional 1 arch every 3 years	PWSHC members	D5110 D5120 D5130 D5140 D5211 D5212 D5213 D5214 D5225 D5226 D5221 D5222 D5223 D5224 D5227 D5228 D5820 D5821	Authorization is required.

Supplemental Benefit	Supplemental Benefit Description	Member Eligibility	Procedure Code	Special Instructions
Dental	Crowns; 1 per year up to $1,500	All PWSHC/PHC members	D2740 D2750	Authorization is required.
Eyeglasses	Antireflective coating, per lens	All PWSHC/PHC members	V2750 Modifier HC	Any combination of these items up to $150 per calendar year.
	Polarization, any lens material	All PWSHC/PHC members	V2762 Modifier HC	
	Tint/photochromatic lenses	All PWSHC/PHC members	V2744 V2745 V2755 Modifier HC	
	Scratch-resistant coating	All PWSHC/PHC members	V2760 Modifier HC	
	Progressive lenses	All PWSHC/PHC members	V2781 Modifier HC	$300 per member, per calendar year.
Fitness membership	Gym membership reimbursement; $30 per month automatically reimbursed to member through the National Independent Health Club Association (NIHCA)	All PWSHC/PHC members	N/A	Contact the Member Services Contact Center for details.
Healthy Foods Allowance	• PWSHC members: $187 monthly allowance on a pre-filled card for healthy foods • PHC members: $65 monthly allowance on a pre-filled card for healthy foods	PWSHC/PHC members with a qualifying chronic condition*	N/A	Members can check balance at **www.mybenefitscenter.com** by entering their card number and date of birth. Cards are reloadable; members should keep their card.

Supplemental Benefit	Supplemental Benefit Description	Member Eligibility	Procedure Code	Special Instructions
OTC Benefit	$25 monthly allowance on a pre-filled card for OTC items	PWSHC/PHC members	N/A	Members can check balance at **www.mybenefitscenter.com** by entering their card number and date of birth. Cards are reloadable; members should keep their card.
Post-Discharge Supplemental Meals	14 days (42 total) of meals; count starts on the day of discharge and is approved for 3 meals per day	PWSHC/PHC members when discharged from an inpatient stay (hospital, Ambulatory Surgical Center [ASC], or mental health facility) to a home or home-like setting	S9977	Not covered for members on a waiver. Service agreement required effective for DOS on or after July 1, 2025.

* Healthy Foods Allowance Qualifying Chronic Conditions

Note: If the member has no previous claims for a qualifying chronic condition, PrimeWest Health may require you to submit a ***Chronic Condition Attestation***