



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	<ul style="list-style-type: none"> 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.



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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	<ul style="list-style-type: none"> 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](#)