westernhealth ADVANTAGE

a healthy balance

# PLAN COMPARISON

2024 • for Small Group

(1 TO 100 EMPLOYEES)

# quality care is at the top of our list

We trust the doctors to decide the best health care path for patients. It's what happens when a health plan is founded by doctors. We work closely with multiple medical groups, giving our members more choice when selecting from among our network of exceptional doctors and hospitals throughout Northern California.

## our service area

WHA is licensed in the counties and zip codes represented in the list below. Refer to the facilities list to determine hospitals/medical centers in your area.

**Colusa County** partial coverage
95912

**El Dorado County** partial coverage
95613, 95614, 95619, 95623, 95633, 95634, 95635, 95636, 95651, 95656, 95664, 95667, 95672, 95682, 95684, 95709, 95726, 95762

**Humboldt County** partial coverage
95501, 95502, 95503, 95518, 95519, 95521, 95524, 95525, 95526, 95528, 95534, 95536, 95537, 95540, 95546, 95547, 95549, 95550, 95551, 95562, 95564, 95565, 95570, 95571, 95573

**Marin County** all zip codes

**Napa County** all zip codes

**Placer County** partial coverage
95602, 95603, 95604, 95626, 95631, 95648, 95650, 95658, 95661, 95663, 95668, 95677, 95678, 95681, 95703, 95713, 95722, 95736, 95746, 95747, 95765

**Sacramento County** all zip codes

**Solano County** all zip codes

**Sonoma County** all zip codes

**Yolo County** all zip codes

## our medical groups

Search for doctors and facilities by using our online provider search at mywha.org/directory. Upon enrollment, members must select a primary care physician (PCP) close to home or work to allow reasonable access to care. A member's PCP is responsible for coordinating medical care. PCPs can treat most health care needs, but should a PCP determine that specialty care is needed, the member will be referred to an appropriate clinical provider. With WHA, you have access to specialists outside of your PCP's medical group with WHA's Advantage Referral program. Visit mywha.org/referral to learn more about referrals.

Hill Physicians

**Hill Physicians**
800.445.5747
hillphysicians.com

MERITAGE MEDICAL NETWORK

**Meritage Medical Network**
415.884.1840
meritagemed.com

Mercy Medical Group
A Service of Dignity Health Medical Foundation

**Mercy Medical Group**
916.733.3333
mymercymedicalgroup.org

NorthBay HEALTH

**NorthBay Health**
707.646.5500
northbay.org

Woodland Clinic
A Service of Dignity Health Medical Foundation

**Woodland Clinic**
530.668.2600
dhmf.org/woodland

Providenc

**Providence Medical Network**
888.432.5464
providence.org

**A health plan should be there when you need it. At Western Health Advantage, we make access to quality care our highest priority.**

# our facilities

## North Bay Area Facilities

1. **Healdsburg District Hospital**
   Healdsburg, CA 95448
2. **Providence Santa Rosa Memorial Hospital**
   Santa Rosa, CA 95405
3. **Petaluma Valley Hospital**
   Petaluma, CA 94954
4. **MarinHealth Medical Center**
   Greenbrae, CA 94904
5. **Sonoma Valley Hospital**
   Sonoma, CA 95476
6. **Providence Queen of the Valley Medical Center**
   Napa, CA 94558

## Solano County Facilities

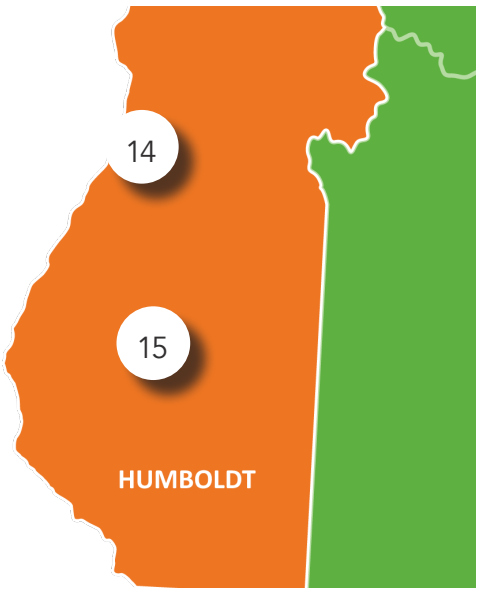
7. **NorthBay Medical Center**
   Fairfield, CA 94533
8. **NorthBay VacaValley Hospital**
   Vacaville, CA 95687

## Sacramento Area Facilities

9. **Woodland Memorial Hospital**
   Woodland, CA 95695
10. **Mercy General Hospital**
    Sacramento, CA 95819
11. **Methodist Hospital of Sacramento**
    Sacramento, CA 95823
12. **Mercy San Juan Hospital**
    Carmichael, CA 95608
13. **Mercy Hospital of Folsom**
    Folsom, CA 95630

## Humboldt County Facilities

14. **Providence St. Joseph Hospital Eureka**
    Eureka, CA 95501
15. **Providence Redwood Memorial Hospital**
    Fortuna, CA 95540



## we offer extensive plan options

**All WHA small group plans comply with the metal tiers established by the Affordable Care Act [ACA] and include the 10 Essential Health Benefits.**

- These essential health benefits include services like preventive care and screenings, hospitalization and emergency services, maternity and newborn care, mental health and substance use disorder services, prescription drugs, lab services, pediatric services, and dental and vision care for kids.
- The metal-tier system designates a plan as platinum, gold, silver or bronze to help you compare options.

**WHA offers employers three types of plans**

- Traditional (fixed copays without reaching a deductible first)
- Deductible (fixed costs for office visits with some services needing a deductible)
- HSA-compatible high-deductible (when bundled with a health savings account, HDHPs allow members to build funds to pay for out-of-pocket expenses).

**The enclosed plan comparisons are marked "Direct From WHA" and "Available in CalChoice"**

- Gateway Plans are unique small group plans that can only be purchased from WHA.
- Capital Plans are small group plans comparable to those offered on the state's exchange, Covered California. These plans are available direct from WHA or through CalChoice.
- Sierra Plans are unique small group plans that are exclusive to CalChoice.

**THIS BENEFIT COMPARISON IS INTENDED TO BE USED AS A SUMMARY ONLY.** The applicable Copayment Summary and Combined Evidence of Coverage and Disclosure Form (EOC/DF) should be consulted for a detailed description of coverage benefits and limitations. Applicants have a right to review the EOC/DF prior to enrollment. A copy may be requested by calling 888.499.3198 or via email at whasales@westernhealth.com.

Note: Plans are pending DMHC approval.

# DIRECT FROM WHA

Copayment/coinsurance is listed per day/per trip/per prescription

| | | TRADITIONAL PLANS | | | | |
|---|---|---|---|---|---|---|
| | | CAPITAL 20 Platinum 90 HMO | GATEWAY 20 Platinum 90 HMO | GATEWAY 30 Platinum 90 HMO | GATEWAY 70 Platinum 90 HMO | GATEWAY 40 Gold 80 HMO |
| MEDICAL DEDUCTIBLE[1] | SELF-ONLY COVERAGE | none | none | none | none | none |
| | INDIVIDUAL WITH FAMILY | | | | | |
| | FAMILY COVERAGE | | | | | |
| PRESCRIPTION DEDUCTIBLE[1] | SELF-ONLY COVERAGE | none | none | none | none | none |
| | INDIVIDUAL WITH FAMILY | | | | | |
| | FAMILY COVERAGE | | | | | |
| ANNUAL OUT-OF-POCKET MAXIMUM[2] | SELF-ONLY COVERAGE | $4,500 | $4,000 | $4,000 | $4,000 | $7,500 |
| | INDIVIDUAL WITH FAMILY | $4,500 | $4,000 | $4,000 | $4,000 | $7,500 |
| | FAMILY COVERAGE | $9,000 | $8,000 | $8,000 | $8,000 | $15,000 |
| **PREVENTIVE CARE SERVICES[3, 4]** | | | | | | |
| Preventive Care is CIF — includes: annual physical examinations; immunizations, adult and pediatric; women's preventive services; maternity care, routine prenatal and lab tests and first post-natal visit; well baby care; and breast, cervical, prostate and colorectal cancer screenings | | | | | | |
| **PROFESSIONAL/OUTPATIENT SERVICES[3]** | | | | | | |
| Office or virtual visits, primary care | | $20 | $20 | $30 | $20 | $40 |
| Office or virtual visits, specialist | | $30 | $20 | $30 | $20 | $40 |
| Adult and pediatric vision examination | | CIF | CIF | CIF | CIF | CIF |
| Outpatient surgery, facility | | $100 | $150 | $150 | $150 | $300 |
| Outpatient surgery, professional | | $25 | CIF | CIF | CIF | CIF |
| Laboratory tests | | $20 | CIF | CIF | CIF | $40 |
| X-ray and diagnostic imaging | | $30 | CIF | CIF | CIF | $40 |
| Imaging (CT/PET scans and MRIs) | | $100 | $150 | $150 | $150 | $300 |
| **HOSPITALIZATION SERVICES** | | | | | | |
| Hospital inpatient, facility | | $250 (days 1-5) | CIF | $300 (days 1-3) | 30%[10] | $600 per day |
| Hospital inpatient, professional | | CIF | CIF | CIF | CIF | CIF |
| **BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders** | | | | | | |
| Office or virtual visits | | $20 | $20 | $30 | $20 | $40 |
| Outpatient other services | | CIF | CIF | CIF | CIF | CIF |
| Inpatient services, facility | | $250 (days 1-5) | CIF | $300 (days 1-3) | 30%[10] | $600 per day |
| **OTHER SERVICES** | | | | | | |
| Emergency room, facility (waived if admitted) | | $150 | $150 | $150 | $150 | $300 |
| Emergency room, professional | | CIF | CIF | CIF | CIF | CIF |
| Urgent care virtual visit/Urgent care center | | $20/$20 | $25/$50 | $35/$50 | $25/$50 | $45/$100 |
| Ambulance services | | $150 | CIF | CIF | CIF | CIF |
| Durable medical equipment[5] | | 10%[10] | 20%[10] | 20%[10] | 20%[10] | 20%[10] |
| Home health services, up to 100 visits | | $20 | CIF | CIF | CIF | CIF |
| Acupuncture[6] | | $15 | $15 | $15 | $15 | $15 |
| Chiropractic, up to 20 visits[6] | | $15 | $15 | $15 | $15 | $15 |
| Pediatric eyewear[7] and dental[8], up to age 19 | | Eyewear at no cost \| Diagnostic and preventive dental care at no cost; see additional benefit info | | | | |
| **PRESCRIPTION SERVICES[9]** | | | | | | |
| Retail Pharmacy (30-day supply) TIER 1 | | $5 | $5 | $5 | $5 | $20 |
| Retail Pharmacy (30-day supply) TIER 2 | | $20 | $30 | $30 | $30 | $50 |
| Retail Pharmacy (30-day supply) TIER 3 | | $30 | $50 | $50 | $50 | $75 |
| Retail Pharmacy (30-day supply) TIER 4 | | 10% up to $250[10] | 20% up to $250[10] | | | |

Small Group: Effective 01.01.24 | CIF — Covered In Full | AD: After Deductible — Copayment applies once deductible is met | See applicable notes

# DIRECT FROM WHA

Copayment/coinsurance is listed per day/per trip/per prescription

| | | DEDUCTIBLE PLANS | | | | | |
|---|---|---|---|---|---|---|---|
| | | CAPITAL 250 Gold 80 HMO | GATEWAY 4010 Gold 80 HMO | GATEWAY 4020 Gold 80 HMO | CAPITAL 2500 Silver 70 HMO | GATEWAY 5020 Silver 70 HMO | CAPITAL 6300 Bronze 60 HMO |
| **MEDICAL DEDUCTIBLE[1]** | SELF-ONLY COVERAGE | $250 | $1,000 | $1,750 | $2,500 | $2,000 | $6,300 |
| | INDIVIDUAL WITH FAMILY | $250 | $1,000 | $1,750 | $2,500 | $2,000 | $6,300 |
| | FAMILY COVERAGE | $500 | $2,000 | $3,500 | $5,000 | $4,000 | $12,600 |
| **PRESCRIPTION DEDUCTIBLE[1]** | SELF-ONLY COVERAGE | none | $500 | $250 | $300 | $500 | $500 |
| | INDIVIDUAL WITH FAMILY | | $500 | $250 | $300 | $500 | $500 |
| | FAMILY COVERAGE | | $1,000 | $500 | $600 | $1,000 | $1,000 |
| **ANNUAL OUT-OF-POCKET MAXIMUM[2]** | SELF-ONLY COVERAGE | $7,800 | $7,800 | $7,800 | $8,750 | $8,750 | $9,100 |
| | INDIVIDUAL WITH FAMILY | $7,800 | $7,800 | $7,800 | $8,750 | $8,750 | $9,100 |
| | FAMILY COVERAGE | $15,600 | $15,600 | $15,600 | $17,500 | $17,500 | $18,200 |
| **PREVENTIVE CARE SERVICES[3, 4]** | | | | | | | |
| Preventive Care is CIF — includes: annual physical examinations; immunizations, adult and pediatric; women's preventive services; maternity care, routine prenatal and lab tests and first post-natal visit; well baby care; and breast, cervical, prostate and colorectal cancer screenings | | | | | | | |
| **PROFESSIONAL/OUTPATIENT SERVICES[3]** | | | | | | | |
| Office or virtual visits, primary care | | $35 | $40 | $40 | $55 | $50 | $60 AD[11] |
| Office or virtual visits, specialist | | $55 | $40 | $40 | $90 | $50 | $95 AD[11] |
| Adult and pediatric vision examination | | CIF | CIF | CIF | CIF | CIF | CIF |
| Outpatient surgery, facility | | $300 AD | $500 AD | $500 AD | 35% AD[10] | $500 AD | 40% AD[10] |
| Outpatient surgery, professional | | $35 | CIF | CIF | 35%[10] | CIF AD | 40% AD[10] |
| Laboratory tests | | $35 | CIF | CIF | $55 | $50 | $40 |
| X-ray and diagnostic imaging | | $55 | $40 | CIF | $90 | $80 | 40% AD[10] |
| Imaging (CT/PET scans and MRIs) | | $250 AD | $300 | $300 | $300 AD | $500 AD | 40% AD[10] |
| **HOSPITALIZATION SERVICES** | | | | | | | |
| Hospital inpatient, facility | | $600 AD (days 1-5) | $500 AD (days 1-5) | $500 AD (days 1-5) | 35% AD[10] | 30% AD[10] | 40% AD[10] |
| Hospital inpatient, professional | | CIF | CIF | CIF | 35%[10] | CIF | 40% AD[10] |
| **BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders** | | | | | | | |
| Office or virtual visits | | $35 | $40 | $40 | $55 | $50 | $60 |
| Outpatient other services | | CIF | CIF | CIF | CIF | CIF | CIF |
| Inpatient services, facility | | $600 AD (days 1-5) | $500 AD (days 1-5) | $500 AD (days 1-5) | 35% AD[10] | 30% AD[10] | 40% AD[10] |
| **OTHER SERVICES** | | | | | | | |
| Emergency room, facility (waived if admitted) | | $250 AD | $300 AD | $300 AD | 35% AD[10] | 30% AD[10] | 40% AD[10] |
| Emergency room, professional | | CIF | CIF | CIF | CIF | CIF | CIF |
| Urgent care virtual visit/Urgent care center | | $35/$35 | $45/$50 | $45/$50 | $49/$55 | $49/$50 | $49 AD/$60 AD[11] |
| Ambulance services | | $250 AD | CIF | CIF | 35% AD[10] | CIF | 40% AD[10] |
| Durable medical equipment[5] | | 20%[10] | 20%[10] | 20%[10] | 35%[10] | 20%[10] | 40% AD[10] |
| Home health services, up to 100 visits | | $30 | CIF | CIF | $45 | CIF | 40% AD[10] |
| Acupuncture[6] | | $15 | $15 | $15 | $15 | $15 | $15 AD[11] |
| Chiropractic, up to 20 visits[6] | | $15 | $15 | $15 | $15 | $15 | $15 |
| Pediatric eyewear[7] and dental[8], up to age 19 | | Eyewear at no cost \| Diagnostic and preventive dental care at no cost; see additional benefit info | | | | | |
| **PRESCRIPTION SERVICES[9]** | | | | | | | |
| Retail Pharmacy (30-day supply) TIER 1 | | $15 | $10 | $10 | $19 | $25 | $17 AD |
| Retail Pharmacy (30-day supply) TIER 2 | | $40 | $50 AD | $50 AD | $85 AD | 30% up to $250 AD[10] | 40% up to $500 AD[10] |
| Retail Pharmacy (30-day supply) TIER 3 | | $70 | $75 AD | $75 AD | $110 AD | | |
| Retail Pharmacy (30-day supply) TIER 4 | | 20% up to $250 AD[10] | | | 30% up to $250 AD[10] | | |

Small Group: Effective 01.01.24 | CIF — Covered In Full | AD: After Deductible — Copayment applies once deductible is met | See applicable notes

# DIRECT FROM WHA

Copayment/coinsurance is listed per day/per trip/per prescription

| | | HSA-COMPATIBLE HIGH-DEDUCTIBLE PLANS | | | |
|---|---|---|---|---|---|
| | | GATEWAY 2600 Gold 80 HDHP HMO | GATEWAY 1600 Gold 80 HDHP HMO | CAPITAL 2850 Silver 70 HDHP HMO | GATEWAY 7050 Bronze 60 HDHP HMO |
| MEDICAL DEDUCTIBLE[1] | SELF-ONLY COVERAGE | $2,600 | $1,600 | $2,850 | $7,050 |
| | INDIVIDUAL WITH FAMILY | $3,200 | $3,200 | $3,200 | $7,050 |
| | FAMILY COVERAGE | $5,200 | $4,800 | $5,700 | $14,100 |
| PRESCRIPTION DEDUCTIBLE[1] | SELF-ONLY COVERAGE | included in the medical deductible | | | |
| | INDIVIDUAL WITH FAMILY | | | | |
| | FAMILY COVERAGE | | | | |
| ANNUAL OUT-OF-POCKET MAXIMUM[2] | SELF-ONLY COVERAGE | $4,800 | $4,800 | $7,500 | $7,050 |
| | INDIVIDUAL WITH FAMILY | $4,800 | $4,800 | $7,500 | $7,050 |
| | FAMILY COVERAGE | $9,600 | $9,600 | $15,000 | $14,100 |
| **PREVENTIVE CARE SERVICES[3, 4]** | | | | | |
| Preventive Care is CIF — includes: annual physical examinations; immunizations, adult and pediatric; women's preventive services; maternity care, routine prenatal and lab tests and first post-natal visit; well baby care; and breast, cervical, prostate and colorectal cancer screenings | | | | | |
| **PROFESSIONAL/OUTPATIENT SERVICES[3]** | | | | | |
| Office or virtual visits, primary care | | CIF AD | 15% AD[10] | 25% AD[10] | CIF AD |
| Office or virtual visits, specialist | | CIF AD | 15% AD[10] | 25% AD[10] | CIF AD |
| Adult and pediatric vision examination | | CIF | CIF | CIF | CIF |
| Outpatient surgery, facility | | CIF AD | 15% AD[10] | 25% AD[10] | CIF AD |
| Outpatient surgery, professional | | CIF AD | 15% AD[10] | 25% AD[10] | CIF AD |
| Laboratory tests | | CIF AD | 15% AD[10] | 25% AD[10] | CIF AD |
| X-ray and diagnostic imaging | | CIF AD | 15% AD[10] | 25% AD[10] | CIF AD |
| Imaging (CT/PET scans and MRIs) | | CIF AD | 15% AD[10] | 25% AD[10] | CIF AD |
| **HOSPITALIZATION SERVICES** | | | | | |
| Hospital inpatient, facility | | CIF AD | 15% AD[10] | 25% AD[10] | CIF AD |
| Hospital inpatient, professional | | CIF AD | 15% AD[10] | 25% AD[10] | CIF AD |
| **BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders** | | | | | |
| Office or virtual visits | | CIF AD | 15% AD[10] | 25% AD[10] | CIF AD |
| Outpatient other services | | CIF AD | CIF AD | CIF AD | CIF AD |
| Inpatient services, facility | | CIF AD | 15% AD[10] | 25% AD[10] | CIF AD |
| **OTHER SERVICES** | | | | | |
| Emergency room, facility (waived if admitted) | | CIF AD | 15% AD[10] | 25% AD[10] | CIF AD |
| Emergency room, professional | | CIF AD | 15% AD[10] | CIF AD | CIF AD |
| Urgent care virtual visit/Urgent care center | | CIF AD/CIF AD | 15% AD[10]/15% AD[10] | 25% AD/25% AD[10] | CIF AD/CIF AD |
| Ambulance services | | CIF AD | 15% AD[10] | 25% AD[10] | CIF AD |
| Durable medical equipment[5] | | CIF AD | 15% AD[10] | 25% AD[10] | CIF AD |
| Home health services, up to 100 visits | | CIF AD | 15% AD[10] | 25% AD[10] | CIF AD |
| Acupuncture[6] | | CIF AD | CIF AD | CIF AD | CIF AD |
| Chiropractic, up to 20 visits[6] | | CIF AD | CIF AD | CIF AD | CIF AD |
| Pediatric eyewear[7] and dental[8], up to age 19 | | Eyewear at no cost \| Diagnostic and preventive dental care at no cost; see additional benefit info | | | |
| **PRESCRIPTION SERVICES[9]** | | | | | |
| Retail Pharmacy (30-day supply) TIER 1 | | CIF AD | $10 AD | 25% up to $250 AD[10] | CIF AD |
| Retail Pharmacy (30-day supply) TIER 2 | | $40 AD | $40 AD | | |
| Retail Pharmacy (30-day supply) TIER 3 | | $60 AD | $60 AD | | |
| Retail Pharmacy (30-day supply) TIER 4 | | 20% up to $250 AD[10] | 20% up to $250 AD[10] | | |

## AVAILABLE IN CALCHOICE

Copayment/coinsurance is listed per day/per trip/per prescription

| | | TRADITIONAL PLANS | | | |
|---|---|---|---|---|---|
| | | **SIERRA 20** Platinum 90 HMO | **CAPITAL 20** Platinum 90 HMO | **SIERRA 25** Platinum 90 HMO | **SIERRA 40** Gold 80 HMO |
| **MEDICAL DEDUCTIBLE[1]** | SELF-ONLY COVERAGE<br>INDIVIDUAL WITH FAMILY<br>FAMILY COVERAGE | none | none | none | none |
| **PRESCRIPTION DEDUCTIBLE[1]** | SELF-ONLY COVERAGE<br>INDIVIDUAL WITH FAMILY<br>FAMILY COVERAGE | none | none | none | none |
| **ANNUAL OUT-OF-POCKET MAXIMUM[2]** | SELF-ONLY COVERAGE | $4,000 | $4,500 | $4,000 | $7,500 |
| | INDIVIDUAL WITH FAMILY | $4,000 | $4,500 | $4,000 | $7,500 |
| | FAMILY COVERAGE | $8,000 | $9,000 | $8,000 | $15,000 |
| **PREVENTIVE CARE SERVICES[3, 4]** | | | | | |
| Preventive Care is Covered in Full (CIF) — includes: annual physical examinations; immunizations, adult and pediatric; women's preventive services; maternity care, routine prenatal and lab tests and first post-natal visit; well baby care; and breast, cervical, prostate and colorectal cancer screenings | | | | | |
| **PROFESSIONAL/OUTPATIENT SERVICES[3]** | | | | | |
| Office or virtual visits, primary care | | $20 | $20 | $25 | $40 |
| Office or virtual visits, specialist | | $20 | $30 | $25 | $40 |
| Adult and pediatric vision examination | | CIF | CIF | CIF | CIF |
| Outpatient surgery, facility | | $150 | $100 | $100 | $300 |
| Outpatient surgery, professional | | CIF | $25 | CIF | CIF |
| Laboratory tests | | CIF | $20 | CIF | $40 |
| X-ray and diagnostic imaging | | CIF | $30 | CIF | $40 |
| Imaging (CT/PET scans and MRIs) | | $150 | $100 | $100 | $300 |
| **HOSPITALIZATION SERVICES** | | | | | |
| Hospital inpatient, facility | | CIF | $250 (days 1-5) | $250 (days 1-5) | $600 per day |
| Hospital inpatient, professional | | CIF | CIF | CIF | CIF |
| **BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders** | | | | | |
| Office or virtual visits | | $20 | $20 | $25 | $40 |
| Outpatient other services | | CIF | CIF | CIF | CIF |
| Inpatient services, facility | | CIF | $250 (days 1-5) | $250 (days 1-5) | $600 per day |
| **OTHER SERVICES** | | | | | |
| Emergency room, facility (waived if admitted) | | $150 | $150 | $150 | $300 |
| Emergency room, professional | | CIF | CIF | CIF | CIF |
| Urgent care virtual visit/Urgent care center | | $25/$50 | $20/$20 | $30/$50 | $45/$100 |
| Ambulance services | | CIF | $150 | $100 | CIF |
| Durable medical equipment[5] | | 20%[10] | 10%[10] | 20%[10] | 20%[10] |
| Home health services, up to 100 visits | | CIF | $20 | CIF | CIF |
| Acupuncture[6] | | $15 | $15 | $15 | $15 |
| Chiropractic, up to 20 visits[6] | | $15 | $15 | $15 | $15 |
| Pediatric eyewear[7] and dental[8], up to age 19 | | Eyewear at no cost \| Diagnostic and preventive dental care at no cost; see additional benefit info | | | |
| **PRESCRIPTION SERVICES[9]** | | | | | |
| Retail Pharmacy (30-day supply) TIER 1 | | $5 | $5 | $10 | $20 |
| Retail Pharmacy (30-day supply) TIER 2 | | $30 | $20 | $30 | $50 |
| Retail Pharmacy (30-day supply) TIER 3 | | $50 | $30 | $50 | $75 |
| Retail Pharmacy (30-day supply) TIER 4 | | 20% up to $250[10] | 10% up to $250[10] | 20% up to $250[10] | |

# AVAILABLE IN CALCHOICE

Copayment/coinsurance is listed per day/per trip/per prescription

| | | DEDUCTIBLE PLANS | | | | |
|---|---|---|---|---|---|---|
| | | CAPITAL 250 Gold 80 HMO | SIERRA 4010 Gold 80 HMO | CAPITAL 2500 Silver 70 HMO | SIERRA 50 Silver 70 HMO | CAPITAL 6300 Bronze 60 HMO |
| MEDICAL DEDUCTIBLE[1] | SELF-ONLY COVERAGE | $250 | $1,000 | $2,500 | $2,300 | $6,300 |
| | INDIVIDUAL WITH FAMILY | $250 | $1,000 | $2,500 | $2,300 | $6,300 |
| | FAMILY COVERAGE | $500 | $2,000 | $5,000 | $4,600 | $12,600 |
| PRESCRIPTION DEDUCTIBLE[1] | SELF-ONLY COVERAGE | none | $500 | $300 | $500 | $500 |
| | INDIVIDUAL WITH FAMILY | | $500 | $300 | $500 | $500 |
| | FAMILY COVERAGE | | $1,000 | $600 | $1,000 | $1,000 |
| ANNUAL OUT-OF-POCKET MAXIMUM[2] | SELF-ONLY COVERAGE | $7,800 | $7,800 | $8,750 | $8,750 | $9,100 |
| | INDIVIDUAL WITH FAMILY | $7,800 | $7,800 | $8,750 | $8,750 | $9,100 |
| | FAMILY COVERAGE | $15,600 | $15,600 | $17,500 | $17,500 | $18,200 |
| **PREVENTIVE CARE SERVICES[3, 4]** | | | | | | |
| Preventive Care is Covered in Full (CIF) — includes: annual physical examinations; immunizations, adult and pediatric; women's preventive services; maternity care, routine prenatal and lab tests and first post-natal visit; well baby care; and breast, cervical, prostate and colorectal cancer screenings | | | | | | |
| **PROFESSIONAL/OUTPATIENT SERVICES[3]** | | | | | | |
| Office or virtual visits, primary care | | $35 | $40 | $55 | $50 | $60 AD[11] |
| Office or virtual visits, specialist | | $55 | $40 | $90 | $50 | $95 AD[11] |
| Adult and pediatric vision examination | | CIF | CIF | CIF | CIF | CIF |
| Outpatient surgery, facility | | $300 AD | $500 AD | 35% AD[10] | $350 AD | 40% AD[10] |
| Outpatient surgery, professional | | $35 | CIF | 35%[10] | 30% AD[10] | 40% AD[10] |
| Laboratory tests | | $35 | CIF | $55 | $50 | $40 |
| X-ray and diagnostic imaging | | $55 | $40 | $90 | $75 | 40% AD[10] |
| Imaging (CT/PET scans and MRIs) | | $250 AD | $300 | $300 AD | $350 | 40% AD[10] |
| **HOSPITALIZATION SERVICES** | | | | | | |
| Hospital inpatient, facility | | $600 AD (days 1-5) | $500 AD (days 1-5) | 35% AD[10] | 30% AD[10] | 40% AD[10] |
| Hospital inpatient, professional | | CIF | CIF | 35%[10] | CIF | 40% AD[10] |
| **BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders** | | | | | | |
| Office or virtual visits | | $35 | $40 | $55 | $50 | $60 |
| Outpatient other services | | CIF | CIF | CIF | CIF | CIF |
| Inpatient services, facility | | $600 AD (days 1-5) | $500 AD (days 1-5) | 35% AD[10] | 30% AD[10] | 40% AD[10] |
| **OTHER SERVICES** | | | | | | |
| Emergency room, facility (waived if admitted) | | $250 AD | $300 AD | 35% AD[10] | 30% AD[10] | 40% AD[10] |
| Emergency room, professional | | CIF | CIF | CIF | CIF | CIF |
| Urgent care virtual visit/Urgent care center | | $35/$35 | $45/$50 | $49/$55 | $49 AD/$100 AD | $49 AD/$60 AD[11] |
| Ambulance services | | $250 AD | CIF | 35% AD[10] | CIF | 40% AD[10] |
| Durable medical equipment[5] | | 20%[10] | 20%[10] | 35%[10] | 20%[10] | 40% AD[10] |
| Home health services, up to 100 visits | | $30 | CIF | $45 | CIF | 40% AD[10] |
| Acupuncture[6] | | $15 | $15 | $15 | $15 | $15 AD[11] |
| Chiropractic, up to 20 visits[6] | | $15 | $15 | $15 | $15 | $15 |
| Pediatric eyewear[7] and dental[8], up to age 19 | | Eyewear at no cost \| Diagnostic and preventive dental care at no cost; see additional benefit info | | | | |
| **PRESCRIPTION SERVICES[9]** | | | | | | |
| Retail Pharmacy (30-day supply) TIER 1 | | $15 | $10 | $19 | $20 | $17 AD |
| Retail Pharmacy (30-day supply) TIER 2 | | $40 | $50 AD | $85 AD | 30% up to $250 AD[10] | 40% up to $500 AD[10] |
| Retail Pharmacy (30-day supply) TIER 3 | | $70 | $75 AD | $110 AD | | |
| Retail Pharmacy (30-day supply) TIER 4 | | 20% up to $250[10] | | 30% up to $250 AD[10] | | |

# AVAILABLE IN CALCHOICE

Copayment/coinsurance is listed per day/per trip/per prescription

| | | HSA-COMPATIBLE HIGH-DEDUCTIBLE PLANS | | |
|---|---|---|---|---|
| | | **SIERRA 2600** Gold 80 HDHP HMO | **CAPITAL 2850** Silver 70 HDHP HMO | **SIERRA 7050** Bronze 60 HDHP HMO |
| **MEDICAL DEDUCTIBLE[1]** | SELF-ONLY COVERAGE | $2,600 | $2,850 | $7,050 |
| | INDIVIDUAL WITH FAMILY | $3,200 | $3,200 | $7,050 |
| | FAMILY COVERAGE | $5,200 | $5,700 | $14,100 |
| **PRESCRIPTION DEDUCTIBLE[1]** | SELF-ONLY COVERAGE | included in the medical deductible | | |
| | INDIVIDUAL WITH FAMILY | | | |
| | FAMILY COVERAGE | | | |
| **ANNUAL OUT-OF-POCKET MAXIMUM[2]** | SELF-ONLY COVERAGE | $4,800 | $7,500 | $7,050 |
| | INDIVIDUAL WITH FAMILY | $4,800 | $7,500 | $7,050 |
| | FAMILY COVERAGE | $9,600 | $15,000 | $14,100 |
| **PREVENTIVE CARE SERVICES[3, 4]** | | | | |
| Preventive Care is Covered in Full (CIF) — includes: annual physical examinations; immunizations, adult and pediatric; women's preventive services; maternity care, routine prenatal and lab tests and first post-natal visit; well baby care; and breast, cervical, prostate and colorectal cancer screenings | | | | |
| **PROFESSIONAL/OUTPATIENT SERVICES[3]** | | | | |
| Office or virtual visits, primary care | | CIF AD | 25% AD[10] | CIF AD |
| Office or virtual visits, specialist | | CIF AD | 25% AD[10] | CIF AD |
| Adult and pediatric vision examination | | CIF | CIF | CIF |
| Outpatient surgery, facility | | CIF AD | 25% AD[10] | CIF AD |
| Outpatient surgery, professional | | CIF AD | 25% AD[10] | CIF AD |
| Laboratory tests | | CIF AD | 25% AD[10] | CIF AD |
| X-ray and diagnostic imaging | | CIF AD | 25% AD[10] | CIF AD |
| Imaging (CT/PET scans and MRIs) | | CIF AD | 25% AD[10] | CIF AD |
| **HOSPITALIZATION SERVICES** | | | | |
| Hospital inpatient, facility | | CIF AD | 25% AD[10] | CIF AD |
| Hospital inpatient, professional | | CIF AD | 25% AD[10] | CIF AD |
| **BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders** | | | | |
| Office or virtual visits | | CIF AD | 25% AD[10] | CIF AD |
| Outpatient other services | | CIF AD | CIF AD | CIF AD |
| Inpatient services, facility | | CIF AD | 25% AD[10] | CIF AD |
| **OTHER SERVICES** | | | | |
| Emergency room, facility (waived if admitted) | | CIF AD | 25% AD[10] | CIF AD |
| Emergency room, professional | | CIF AD | CIF AD | CIF AD |
| Urgent care virtual visit/Urgent care center | | CIF AD/CIF AD | 25% AD/25% AD[10] | CIF AD/CIF AD |
| Ambulance services | | CIF AD | 25% AD[10] | CIF AD |
| Durable medical equipment[5] | | CIF AD | 25% AD[10] | CIF AD |
| Home health services, up to 100 visits | | CIF AD | 25% AD[10] | CIF AD |
| Acupuncture[6] | | CIF AD | CIF AD | CIF AD |
| Chiropractic, up to 20 visits[6] | | CIF AD | CIF AD | CIF AD |
| Pediatric eyewear[7] and dental[8], up to age 19 | | Eyewear at no cost \| Diagnostic and preventive dental care at no cost; see additional benefit info | | |
| **PRESCRIPTION SERVICES[9]** | | | | |
| Retail Pharmacy (30-day supply) TIER 1 | | CIF AD | 25% up to $250 AD[10] | CIF AD |
| Retail Pharmacy (30-day supply) TIER 2 | | $40 AD | | |
| Retail Pharmacy (30-day supply) TIER 3 | | $60 AD | | |
| Retail Pharmacy (30-day supply) TIER 4 | | 20% up to $250 AD[10] | | |

## PLAN BENEFIT COMPARISON NOTES

1 Medical or prescription services may be subject to a deductible. The member must pay for these services when services are rendered until the deductible is met in that calendar year. Charges under the deductible are based on WHA's contracted rates with the provider of service.

2 The annual out-of-pocket maximum is the total amount that the member must pay for certain services in a calendar year.

3 Generally, all non-emergency care must be accessed through your Primary Care Physician (PCP) within WHA's provider network. Obstetrical and gynecological services may be obtained directly without a PCP referral.

4 There may be an office visit copay if the primary purpose of a visit is not preventive or other services are provided.

5 See Copayment Summary for applicable prosthetic/orthotic device copayment amount.

6 Acupuncture and chiropractic services provided through Landmark Healthplan of California, Inc. Copayments for chiropractic services, if applicable, do not contribute to the deductible or medical OOP maximum.

7 Pediatric eyewear provided through EyeMed and is not subject to the medical deductible.

8 Pediatric dental services provided through Delta Dental of California. Dental plans are not subject to the medical deductible whereas, copayments contribute to the medical OOP maximum.

9 Certain drugs may be categorized outside their respective tier. To confirm tier level for any drug, refer to the Preferred Drug List (PDL). Oral anti-cancer drugs will not exceed $250 for 30-day supply after deductible.

10 Percentage copayment amounts are based on WHA's contracted rates with the provider of service.

11 Deductible is waived for first three cumulative non-preventive care visits or services in a calendar year.

12 Infertility benefits are available on all plans to groups with 20 or more eligible employees.

13 DeltaCare USA and Delta Dental PPO plans are underwritten and administered by Delta Dental of California. Available to all groups.

Note: Plans are pending DMHC approval.

## BUILT-IN HEALTH AND WELLNESS SUPPORT

Here are just a few of the value-added benefits you get when renewing your health coverage with WHA.

- **NEW** **Maven** offers members and their partners pregnancy and postpartum support with access to coaching and virtual appointments with providers across 30 specialties, including OB-GYNs, mental health specialists, and lactation consultants. Maven's coaches are available 24/7 to answer pregnancy and postpartum care questions, along with offering resources such as virtual classes, educational articles, and community forums.
- **NEW** **Real Appeal: Weight Loss** includes a customized weight loss plan, personalized coaching with online group sessions, a digital library of health-related content, and an online dashboard to track their progress.
- **Quit for Life** helps members with tobacco cessation and is designed to give members the confidence to quit for good, with the support of Nicotine Replacement Therapy (NRT), access to coaches and tools to develop a path to enjoying life without tobacco. Quit for Life gives you a personalized Quit Plan, 1:1 access to coaches via phone, chat, or text, as well as group video sessions, all at no added cost.

## OPTIONAL RIDER BENEFITS & RATES

Optional riders are available on any plan purchased direct from WHA. Copayments do not contribute to the medical out-of-pocket maximum. See official plan documents for description of details, limitations and/or exclusions.

| INFERTILITY SERVICES[12] | |
|---|---|
| Infertility services | 50% benefit, subject to limitations |
| Available to groups with 20+ employees | $12.50 per member per month |

| ADULT DENTAL PLANS[13] | DeltaCare® USA | Delta Dental PPO℠ |
|---|---|---|
| Preventive | $0 – $45 | $0* |
| Deductible | None | $25 – $50 |
| Basic | $0 – $425 | 10% – 20% |
| Major | $12 – $660 | 40% – 50% |
| Annual maximum | None | $1,000 |
| Orthodontia | Yes | No |
| **Adult Enrollee Only** per member per month | $15.32 | $65.27 |

This is an overview of benefits; contact WHA Sales for dental copayment summaries.

*Adult dental copays may apply to certain diagnostic services.

westernhealth ADVANTAGE

**outstanding support:** Our dedicated and knowledgeable Member Services team treats employees and their families with courtesy and respect at all times. That translates into high customer care ratings* and reliable member experience.

**community commitment:** WHA invests in the communities where we live and work. As a regional health plan, we're involved in our communities and support the organizations that you care about, often extending resources to members.

**preferred choice:** Finally, nearly 94% of our clinical providers and staff recommend* us to other physicians (and physician groups).

**ease of administration:** It's simple—we're easy to work with. We care about our employer groups and members so we always make it a priority to be here for them, now and always. You can count on us to take care of our members, who take care of your business. Count on us to be just a phone call away.

*Visit **choosewha.com/quality** to learn more about WHA's customer satisfaction ratings and annual provider survey results.

visit **choosewha.com**

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EFFECTIVE JANUARY 20024, UPDATED 10-2023