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

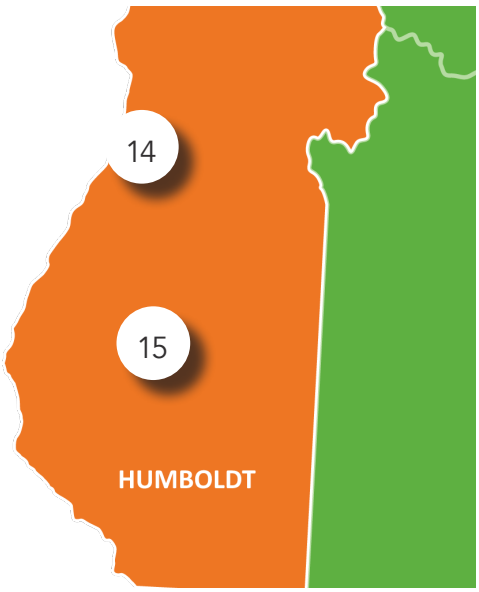
7. **NorthBay Medical Center**
   Fairfield, CA 94533
8. **NorthBay VacaValley Hospital**
   Vacaville, CA 95687

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 INDIVIDUAL WITH FAMILY FAMILY COVERAGE	none	none	none	none
PRESCRIPTION DEDUCTIBLE[1]	SELF-ONLY COVERAGE INDIVIDUAL WITH FAMILY 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**

916.563.3198
toll-free **888.499.3198**
TDD/TTY **888.877.5378**
2349 Gateway Oaks Drive, Suite 100
Sacramento, California 95833

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