



**westernhealth**  
ADVANTAGE



**a healthy balance**



## **PLAN COMPARISON**

2024 • for Large Group  
(100+ EMPLOYEES)



## we're good for business

**collaborative and innovative:** Founded in 1996 by Dignity Health and NorthBay Health, we partner with doctors and specialists to ensure access to quality care. That close relationship enables us to continually improve and offer innovative programs that support the health and wellness of all members.

**regional autonomy:** Our decision-making process is focused on our member's care, and so we don't get in the way of the patient-doctor relationship. And, when you need fast answers, we are here to provide solutions that best support your health care goals.

**flexible choices with increased access:** Our HMO network includes major hospitals and medical centers, including thousands of trusted local doctors and specialists from multiple medical groups (not just one). The exceptional reputation of our clinical providers simply enables more choices for our members and your employees. The physicians from these medical groups bring access to 15 hospitals and over a dozen urgent care facilities throughout our nine-county service area.



## WHA offers several types of comprehensive health plans:

Employers can choose to offer multiple health plans, allowing to customize their benefits package.

- **Traditional** — offers fixed copay/costs with monthly premium to balance value and coverage with no deductible
- **Deductible** — co-payment for office visits and a deductible for some services, but with a lower monthly premium
- **HSA-compatible High-Deductible (HDHP)** — when bundled with a health savings account, HDHPs allow members to build funds to pay for out-of-pocket expenses

**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](mailto:whasales@westernhealth.com).

NOTE: Plans are pending DMHC approval.

# BENEFIT COMPARISON

## PREMIER TRADITIONAL PLANS

### PREMIER PLANS

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

|  |   | 0/10/0<br>HMO<br>PRIME       | 0/15/0<br>HMO<br>PRIME       | 0/20/0<br>HMO<br>PRIME       | 0/40/0<br>HMO<br>PRIME       |
|--|---|------------------------------|------------------------------|------------------------------|------------------------------|
| <b>MEDICAL DEDUCTIBLE<sup>1</sup></b>  | SELF-ONLY COVERAGE  |                              |                              |                              |                              |
|  | INDIVIDUAL WITH FAMILY  | none                         |                              |                              |                              |
|  | FAMILY COVERAGE   |                              |                              |                              |                              |
| <b>PRESCRIPTION DEDUCTIBLE<sup>1</sup></b>   | SELF-ONLY COVERAGE  |                              |                              |                              |                              |
|  | INDIVIDUAL WITH FAMILY  | n/a                          |                              |                              |                              |
|  | FAMILY COVERAGE   |                              |                              |                              |                              |
| <b>ANNUAL OUT-OF-POCKET MAXIMUM<sup>2</sup></b>  | SELF-ONLY COVERAGE  | \$1,000                      | \$1,500                      | \$1,500                      | \$1,500                      |
|  | INDIVIDUAL WITH FAMILY  | \$1,000                      | \$1,500                      | \$1,500                      | \$1,500                      |
|  | FAMILY COVERAGE   | \$2,500                      | \$2,500                      | \$2,500                      | \$2,500                      |
| <b>PREVENTIVE CARE SERVICES<sup>3, 4</sup></b>   |   |                              |                              |                              |                              |
| 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 |   |                              |                              |                              |                              |
| <b>PROFESSIONAL/OUTPATIENT SERVICES<sup>3</sup></b>  |   |                              |                              |                              |                              |
|  | Office or virtual visits  | \$10                         | \$15                         | \$20                         | \$40                         |
|  | Annual eye and hearing exams <sup>7</sup>                       | \$10                         | \$15                         | \$20                         | \$40                         |
|  | Outpatient surgery (performed in office setting)                | \$10                         | \$15                         | \$20                         | \$40                         |
|  | Outpatient surgery (facility)                                   | \$100                        | \$100                        | \$100                        | \$100                        |
|  | Laboratory test, x-rays and diagnostic imaging                  | CIF                          | CIF                          | CIF                          | CIF                          |
|  | Imaging (CT/PET scans and MRIs)                                 | CIF                          | CIF                          | CIF                          | CIF                          |
| <b>HOSPITALIZATION SERVICES</b>  |   |                              |                              |                              |                              |
|  | Hospital inpatient, facility                                    | CIF                          | CIF                          | CIF                          | CIF                          |
|  | Hospital inpatient, professional                                | CIF                          | CIF                          | CIF                          | CIF                          |
| <b>BEHAVIORAL HEALTH SERVICES<br/>Mental Health &amp; Substance Use Disorders</b>  |   |                              |                              |                              |                              |
|  | Office or virtual visits  | \$10                         | \$15                         | \$20                         | \$40                         |
|  | Outpatient other services                                       | CIF                          | CIF                          | CIF                          | CIF                          |
|  | Inpatient services  | CIF                          | CIF                          | CIF                          | CIF                          |
| <b>OTHER SERVICES</b>  |   |                              |                              |                              |                              |
|  | Emergency room (waived if admitted)                             | \$100                        | \$100                        | \$100                        | \$100                        |
|  | Urgent care virtual visit/Urgent care center                    | \$15/\$20                    | \$20                         | \$25/\$35                    | \$45/\$50                    |
|  | Ambulance services  | CIF                          | CIF                          | CIF                          | CIF                          |
|  | Durable medical equipment <sup>8</sup>                          | 20% <sup>6</sup>             | 20% <sup>6</sup>             | 20% <sup>6</sup>             | 20% <sup>6</sup>             |
|  | Pregnancy support/Pre-implantation genetic testing <sup>9</sup> | 50% <sup>6</sup>             | 50% <sup>6</sup>             | 50% <sup>6</sup>             | 50% <sup>6</sup>             |
|  | Home self-injectable medication (30-day supply)                 | 20% up to \$100 <sup>6</sup> |
|  | Acupuncture care, up to 20 visits <sup>10</sup>                 | \$15                         | \$15                         | \$15                         | \$15                         |
|  | Chiropractic care, up to 20 visits <sup>10</sup>                | \$15                         | \$15                         | \$15                         | \$15                         |
| <b>PRESCRIPTION DRUG PLAN</b>  |   |                              |                              |                              |                              |
|  | Retail Pharmacy (30-day supply) TIER 1                          |                              |                              |                              |                              |
|  | Retail Pharmacy (30-day supply) TIER 2                          | see prescription drug plans  |                              |                              |                              |
|  | Retail Pharmacy (30-day supply) TIER 3                          |                              |                              |                              |                              |

# BENEFIT COMPARISON

## ADVANTAGE PLANS

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

## ADVANTAGE TRADITIONAL PLANS

|  |   | 0/20/250A<br>HMO<br>PRIME    | 0/15/250<br>HMO<br>PRIME     | 0/25/500A<br>HMO<br>PRIME    | 0/20/500<br>HMO<br>PRIME     | 0/20/30%<br>HMO<br>PRIME     | 0/40/30%<br>HMO<br>PRIME     |
|--|---|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <b>MEDICAL DEDUCTIBLE<sup>1</sup></b>  | SELF-ONLY COVERAGE  | none                         |                              |                              |                              |                              |                              |
|  | INDIVIDUAL WITH FAMILY  |                              |                              |                              |                              |                              |                              |
|  | FAMILY COVERAGE   |                              |                              |                              |                              |                              |                              |
| <b>PRESCRIPTION DEDUCTIBLE<sup>1</sup></b>   | SELF-ONLY COVERAGE  | n/a                          |                              |                              |                              |                              |                              |
|  | INDIVIDUAL WITH FAMILY  |                              |                              |                              |                              |                              |                              |
|  | FAMILY COVERAGE   |                              |                              |                              |                              |                              |                              |
| <b>ANNUAL OUT-OF-POCKET MAXIMUM<sup>2</sup></b>  | SELF-ONLY COVERAGE  | \$1,500                      | \$1,500                      | \$2,500                      | \$2,500                      | \$3,000                      | \$3,000                      |
|  | INDIVIDUAL WITH FAMILY  | \$1,500                      | \$1,500                      | \$2,500                      | \$2,500                      | \$3,000                      | \$3,000                      |
|  | FAMILY COVERAGE   | \$2,500                      | \$2,500                      | \$4,500                      | \$4,500                      | \$5,000                      | \$5,000                      |
| <b>PREVENTIVE CARE SERVICES<sup>3, 4</sup></b>   |   |                              |                              |                              |                              |                              |                              |
| 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 |   |                              |                              |                              |                              |                              |                              |
| <b>PROFESSIONAL/OUTPATIENT SERVICES<sup>3</sup></b>  |   |                              |                              |                              |                              |                              |                              |
|  | Office or virtual visits  | \$20                         | \$15/30 <sup>5</sup>         | \$25                         | \$20                         | \$20                         | \$40                         |
|  | Annual eye and hearing exams <sup>7</sup>                       | \$20                         | \$15/30 <sup>5</sup>         | \$25                         | \$20                         | \$20                         | \$40                         |
|  | Outpatient surgery (performed in office setting)                | \$20                         | \$15/30 <sup>5</sup>         | \$25                         | \$20                         | \$20                         | \$40                         |
|  | Outpatient surgery (facility)                                   | \$100                        | \$100                        | \$100                        | \$100                        | 30% <sup>6</sup>             | 30% <sup>6</sup>             |
|  | Laboratory test, x-rays and diagnostic imaging                  | CIF                          | CIF                          | CIF                          | CIF                          | CIF                          | CIF                          |
|  | Imaging (CT/PET scans and MRIs)                                 | CIF                          | CIF                          | CIF                          | CIF                          | CIF                          | CIF                          |
| <b>HOSPITALIZATION SERVICES</b>  |   |                              |                              |                              |                              |                              |                              |
|  | Hospital inpatient, facility                                    | \$250/<br>admission          | \$250/day,<br>days 1 to 3    | \$500/<br>admission          | \$500/day,<br>days 1 to 5    | 30% <sup>6</sup>             | 30% <sup>6</sup>             |
|  | Hospital inpatient, professional                                | CIF                          | CIF                          | CIF                          | CIF                          | CIF                          | CIF                          |
| <b>BEHAVIORAL HEALTH SERVICES<br/>Mental Health &amp; Substance Use Disorders</b>  |   |                              |                              |                              |                              |                              |                              |
|  | Office or virtual visits  | \$20                         | \$15                         | \$25                         | \$20                         | \$20                         | \$40                         |
|  | Outpatient other services                                       | CIF                          | CIF                          | CIF                          | CIF                          | CIF                          | CIF                          |
|  | Inpatient services  | \$250/<br>admission          | \$250/day,<br>days 1 to 3    | \$500/<br>admission          | \$500/day,<br>days 1 to 5    | 30% <sup>6</sup>             | 30% <sup>6</sup>             |
| <b>OTHER SERVICES</b>  |   |                              |                              |                              |                              |                              |                              |
|  | Emergency room (waived if admitted)                             | \$100                        | \$100                        | \$100                        | \$100                        | \$100                        | \$100                        |
|  | Urgent care virtual visit/Urgent care center                    | \$25/\$35                    | \$20/\$50                    | \$30/\$35                    | \$25/\$35                    | \$25/\$50                    | \$45/\$50                    |
|  | Ambulance services  | CIF                          | CIF                          | CIF                          | CIF                          | CIF                          | CIF                          |
|  | Durable medical equipment <sup>8</sup>                          | 20% <sup>6</sup>             |
|  | Pregnancy support/Pre-implantation genetic testing <sup>9</sup> | 50% <sup>6</sup>             |
|  | Home self-injectable medication (30-day supply)                 | 20% up to \$100 <sup>6</sup> |
|  | Acupuncture care, up to 20 visits <sup>10</sup>                 | \$15                         | \$15                         | \$15                         | \$15                         | \$15                         | \$15                         |
|  | Chiropractic care, up to 20 visits <sup>10</sup>                | \$15                         | \$15                         | \$15                         | \$15                         | \$15                         | \$15                         |
| <b>PRESCRIPTION DRUG PLANS</b>   |   |                              |                              |                              |                              |                              |                              |
|  | Retail Pharmacy (30-day supply) TIER 1                          | see prescription drug plans  |                              |                              |                              |                              |                              |
|  | Retail Pharmacy (30-day supply) TIER 2                          |                              |                              |                              |                              |                              |                              |
|  | Retail Pharmacy (30-day supply) TIER 3                          |                              |                              |                              |                              |                              |                              |

# BENEFIT COMPARISON

## WESTERN DEDUCTIBLE PLANS

### WESTERN PLANS

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

|  |   | 1000/20/20%<br>HMO<br>PRIME  | 1000/40/500<br>HMO<br>PRIME  | 2500/20/500<br>HMO<br>PRIME  | 2500/40/500<br>HMO<br>PRIME  | 2500/0/30%<br>HMO<br>PRIME   | 4500/50/40%<br>HMO<br>PRIME  |
|--|---|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <b>MEDICAL DEDUCTIBLE<sup>1</sup></b>  | SELF-ONLY COVERAGE  | \$1,000                      | \$1,000                      | \$2,500                      | \$2,500                      | \$2,500                      | \$4,500                      |
|  | INDIVIDUAL WITH FAMILY  | \$1,000                      | \$1,000                      | \$2,500                      | \$2,500                      | \$2,500                      | \$4,500                      |
|  | FAMILY COVERAGE   | \$2,000                      | \$2,000                      | \$5,000                      | \$5,000                      | \$5,000                      | \$9,000                      |
| <b>PRESCRIPTION DEDUCTIBLE<sup>1</sup></b>   | SELF-ONLY COVERAGE  |                              |                              |                              |                              |                              |                              |
|  | INDIVIDUAL WITH FAMILY  | n/a                          | \$150 brand or non-preferred | n/a                          |
|  | FAMILY COVERAGE   |                              |                              |                              |                              |                              |                              |
| <b>ANNUAL OUT-OF-POCKET MAXIMUM<sup>2</sup></b>  | SELF-ONLY COVERAGE  | \$3,000                      | \$4,000                      | \$5,000                      | \$5,000                      | \$5,000                      | \$6,350                      |
|  | INDIVIDUAL WITH FAMILY  | \$3,000                      | \$4,000                      | \$5,000                      | \$5,000                      | \$5,000                      | \$6,350                      |
|  | FAMILY COVERAGE   | \$6,000                      | \$8,000                      | \$10,000                     | \$10,000                     | \$10,000                     | \$12,700                     |
| <b>PREVENTIVE CARE SERVICES<sup>3, 4</sup></b>   |   |                              |                              |                              |                              |                              |                              |
| 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 |   |                              |                              |                              |                              |                              |                              |
| <b>PROFESSIONAL/OUTPATIENT SERVICES<sup>3</sup></b>  |   |                              |                              |                              |                              |                              |                              |
|  | Office or virtual visits  | \$20                         | \$40                         | \$20                         | \$40                         | \$0/\$40 <sup>5</sup>        | \$50                         |
|  | Annual eye and hearing exams <sup>7</sup>                       | \$20                         | \$40                         | \$20                         | \$40                         | \$0/\$40 <sup>5</sup>        | \$50                         |
|  | Outpatient surgery (performed in office setting)                | \$20                         | \$40                         | \$20                         | \$40                         | \$0/\$40 <sup>5</sup>        | \$50                         |
|  | Outpatient surgery (facility)                                   | \$250 AD                     | \$250 AD                     | \$250 AD                     | \$250 AD                     | 30% AD <sup>6</sup>          | 40% AD <sup>6</sup>          |
|  | Laboratory test / X-rays and diagnostic imaging                 | CIF                          | CIF                          | CIF                          | CIF                          | CIF/\$15 AD                  | CIF AD                       |
|  | Imaging (CT/PET scans and MRIs)                                 | CIF                          | CIF                          | CIF                          | CIF                          | \$150 AD                     | CIF AD                       |
| <b>HOSPITALIZATION SERVICES</b>  |   |                              |                              |                              |                              |                              |                              |
|  | Hospital inpatient, facility                                    | 20% AD <sup>6</sup>          | \$500/day AD                 | \$500/day AD                 | \$500/day AD                 | 30% AD <sup>6</sup>          | 40% AD <sup>6</sup>          |
|  | Hospital inpatient, professional                                | 20% AD <sup>6</sup>          | CIF                          | CIF                          | CIF                          | 30% AD <sup>6</sup>          | 40% AD <sup>6</sup>          |
| <b>BEHAVIORAL HEALTH SERVICES<br/>Mental Health &amp; Substance Use Disorders</b>  |   |                              |                              |                              |                              |                              |                              |
|  | Office or virtual visits  | \$20                         | \$40                         | \$20                         | \$40                         | CIF                          | \$50                         |
|  | Outpatient other services                                       | CIF                          | CIF                          | CIF                          | CIF                          | CIF                          | CIF                          |
|  | Inpatient services  | 20% AD <sup>6</sup>          | \$500/day AD                 | \$500/day AD                 | \$500/day AD                 | 30% AD <sup>6</sup>          | 40% AD <sup>6</sup>          |
| <b>OTHER SERVICES</b>  |   |                              |                              |                              |                              |                              |                              |
|  | Emergency room (waived if admitted)                             | 20% AD <sup>6</sup>          | \$100 AD                     | \$100 AD                     | \$100 AD                     | 30% AD <sup>6</sup>          | 40% AD <sup>6</sup>          |
|  | Urgent care virtual visit/Urgent care center                    | \$25/\$50                    | \$45/\$50                    | \$25/\$50                    | \$45/\$50                    | \$0/\$50                     | \$49/\$50                    |
|  | Ambulance services  | CIF                          | CIF                          | CIF                          | CIF                          | CIF                          | 40% AD <sup>6</sup>          |
|  | Durable medical equipment <sup>8</sup>                          | 20% <sup>6</sup>             | 40% AD <sup>6</sup>          |
|  | Pregnancy support/Pre-implantation genetic testing <sup>9</sup> | 50% <sup>6</sup>             |
|  | Home self-injectable medication (30-day supply)                 | 20% up to \$100 <sup>6</sup> |
|  | Acupuncture care, up to 20 visits <sup>10</sup>                 | \$15                         | \$15                         | \$15                         | \$15                         | \$15                         | \$15                         |
|  | Chiropractic care, up to 20 visits <sup>10</sup>                | \$15                         | \$15                         | \$15                         | \$15                         | \$15                         | \$15                         |
| <b>PRESCRIPTION DRUG PLANS</b>   |   |                              |                              |                              |                              |                              |                              |
|  | Retail Pharmacy (30-day supply) TIER 1                          | \$10                         | \$10                         | \$10                         | \$10                         | \$10                         | \$15                         |
|  | Retail Pharmacy (30-day supply) TIER 2                          | \$30                         | \$30 AD                      | \$30 AD                      | \$30 AD                      | \$30 AD                      | \$50                         |
|  | Retail Pharmacy (30-day supply) TIER 3                          | \$50                         | \$50 AD                      | \$50 AD                      | \$50 AD                      | \$50 AD                      | \$75                         |

# BENEFIT COMPARISON

## WESTERN HSA-COMPATIBLE HIGH-DEDUCTIBLE PLANS

### WESTERN HIGH-DEDUCTIBLE PLANS

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

|   |                        | 1800/0/0<br>HDHP<br>HMO<br>PRIME <sup>11</sup> | 2800/0/0<br>HDHP<br>HMO<br>PRIME <sup>11</sup> | 2800/40/500<br>HDHP<br>HMO<br>PRIME <sup>11</sup> | 3000/30/30%<br>HDHP<br>HMO<br>PRIME <sup>11</sup> | 4000/40%/40%<br>HDHP<br>HMO<br>PRIME <sup>11</sup> | 5500/0/0<br>HDHP<br>HMO<br>PRIME <sup>11</sup> |
|---|------------------------|--|--|---|---|--|--|
| <b>MEDICAL DEDUCTIBLE<sup>1</sup></b>           | SELF-ONLY COVERAGE     | \$1,800  | \$2,800  | \$2,800   | \$3,000   | \$4,000  | \$5,500  |
|   | INDIVIDUAL WITH FAMILY | \$3,200  | \$3,200  | \$3,200   | \$3,200   | \$4,000  | \$5,500  |
|   | FAMILY COVERAGE        | \$3,600  | \$5,600  | \$5,600   | \$6,000   | \$8,000  | \$11,000                                       |
| <b>PRESCRIPTION DEDUCTIBLE<sup>1</sup></b>      | SELF-ONLY COVERAGE     | combined with medical                          |  |   |   |  |  |
|   | INDIVIDUAL WITH FAMILY |  |  |   |   |  |  |
|   | FAMILY COVERAGE        |  |  |   |   |  |  |
| <b>ANNUAL OUT-OF-POCKET MAXIMUM<sup>2</sup></b> | SELF-ONLY COVERAGE     | \$3,600  | \$2,800  | \$4,000   | \$6,350   | \$6,350  | \$5,500  |
|   | INDIVIDUAL WITH FAMILY | \$3,600  | \$3,200  | \$4,000   | \$6,350   | \$6,350  | \$5,500  |
|   | FAMILY COVERAGE        | \$7,200  | \$5,600  | \$8,000   | \$12,700  | \$12,700   | \$11,000                                       |
| <b>PREVENTIVE CARE SERVICES<sup>3, 4</sup></b>  |                        |  |  |   |   |  |  |

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

| <b>PROFESSIONAL/OUTPATIENT SERVICES<sup>3</sup></b>                               |   |                  |                  |                                    |   |   |                  |
|---|---|------------------|------------------|------------------------------------|---|---|------------------|
|   | Office or virtual visits  | CIF AD           | CIF AD           | \$40 AD                            | \$30 AD                                   | 40% AD <sup>6</sup>                       | CIF AD           |
|   | Annual eye and hearing exams <sup>7</sup>                       | CIF              | CIF              | CIF                                | CIF                                       | CIF                                       | CIF              |
|   | Outpatient surgery (performed in office setting)                | CIF AD           | CIF AD           | \$40 AD                            | \$30 AD                                   | 40% AD <sup>6</sup>                       | CIF AD           |
|   | Outpatient surgery (facility)                                   | CIF AD           | CIF AD           | \$250 AD                           | 30% AD <sup>6</sup>                       | 40% AD <sup>6</sup>                       | CIF AD           |
|   | Laboratory test, x-rays and diagnostic imaging                  | CIF AD           | CIF AD           | CIF AD                             | 30% AD <sup>6</sup>                       | 40% AD <sup>6</sup>                       | CIF AD           |
|   | Imaging (CT/PET scans and MRIs)                                 | CIF AD           | CIF AD           | CIF AD                             | 30% AD <sup>6</sup>                       | 40% AD <sup>6</sup>                       | CIF AD           |
| <b>HOSPITALIZATION SERVICES</b>   |   |                  |                  |                                    |   |   |                  |
|   | Hospital inpatient, facility                                    | CIF AD           | CIF AD           | \$500/day AD                       | 30% AD <sup>6</sup>                       | 40% AD <sup>6</sup>                       | CIF AD           |
|   | Hospital inpatient, professional                                | CIF AD           | CIF AD           | CIF AD                             | 30% AD <sup>6</sup>                       | 40% AD <sup>6</sup>                       | CIF AD           |
| <b>BEHAVIORAL HEALTH SERVICES<br/>Mental Health &amp; Substance Use Disorders</b> |   |                  |                  |                                    |   |   |                  |
|   | Office or virtual visits  | CIF AD           | CIF AD           | \$40 AD                            | \$30 AD                                   | 40% AD <sup>6</sup>                       | CIF AD           |
|   | Outpatient other services                                       | CIF AD           | CIF AD           | CIF AD                             | 30% AD <sup>6</sup>                       | 40% AD <sup>6</sup>                       | CIF AD           |
|   | Inpatient services  | CIF AD           | CIF AD           | \$500/day AD                       | 30% AD <sup>6</sup>                       | 40% AD <sup>6</sup>                       | CIF AD           |
| <b>OTHER SERVICES</b>   |   |                  |                  |                                    |   |   |                  |
|   | Emergency room (waived if admitted)                             | CIF AD           | CIF AD           | \$100 AD                           | 30% AD <sup>6</sup>                       | 40% AD <sup>6</sup>                       | CIF AD           |
|   | Urgent care virtual visit/Urgent care center                    | CIF AD           | CIF AD           | \$45 AD/<br>\$50 AD                | 30% up to \$35 AD/<br>30% AD <sup>6</sup> | 40% up to \$49 AD/<br>40% AD <sup>6</sup> | CIF AD           |
|   | Ambulance services  | CIF AD           | CIF AD           | CIF AD                             | 30% AD <sup>6</sup>                       | 40% AD <sup>6</sup>                       | CIF AD           |
|   | Durable medical equipment <sup>8</sup>                          | CIF AD           | CIF AD           | 20% AD <sup>6</sup>                | 30% AD <sup>6</sup>                       | 40% AD <sup>6</sup>                       | CIF AD           |
|   | Pregnancy support/Pre-implantation genetic testing <sup>9</sup> | 50% <sup>6</sup> | 50% <sup>6</sup> | 50% <sup>6</sup>                   | 50% <sup>6</sup>                          | 50% <sup>6</sup>                          | 50% <sup>6</sup> |
|   | Home self-injectable medication (30-day supply)                 | CIF AD           | CIF AD           | 20% up to<br>\$100 AD <sup>6</sup> | 20% up to<br>\$100 AD <sup>6</sup>        | 40% up to<br>\$500 AD <sup>6</sup>        | CIF AD           |
|   | Acupuncture care, up to 20 visits <sup>10</sup>                 | CIF AD           | CIF AD           | CIF AD                             | CIF AD                                    | CIF AD                                    | CIF AD           |
|   | Chiropractic care, up to 20 visits <sup>10</sup>                | CIF AD           | CIF AD           | CIF AD                             | CIF AD                                    | CIF AD                                    | CIF AD           |
| <b>PRESCRIPTION DRUG PLANS</b>  |   |                  |                  |                                    |   |   |                  |
|   | Retail Pharmacy (30-day supply) TIER 1                          | CIF AD           | CIF AD           | \$10 AD                            | \$10 AD                                   | 40% up to<br>\$500 AD <sup>6</sup>        | CIF AD           |
|   | Retail Pharmacy (30-day supply) TIER 2                          | \$30 AD          | CIF AD           | \$30 AD                            | \$30 AD                                   |   | CIF AD           |
|   | Retail Pharmacy (30-day supply) TIER 3                          | \$50 AD          | CIF AD           | \$50 AD                            | \$50 AD                                   |   | CIF AD           |

## PRESCRIPTION DRUG PLANS

When offering a Premier or an Advantage plan, the employer selects a prescription plan to accompany the medical plan.

|        | Rx 10/30/50 | Rx 10/40/60 | Rx 10/30/50 Deductible                    |
|--------|-------------|-------------|---|
| TIER 1 | \$10        | \$10        | \$10                                      |
| TIER 2 | \$30        | \$40        | \$30, after \$150 deductible <sup>1</sup> |
| TIER 3 | \$50        | \$60        | \$50, after \$150 deductible <sup>1</sup> |

## WELLNESS REDEFINED AND BUILT-IN

As your healthy lifestyle partner, your employees may access innovative wellness programs, resources, and even virtual classes to keep healthy and fit. In addition, we've expanded disease management programs and virtual care options, providing greater access to care wherever your employees live/work/play.

## OPTIONAL RIDERS

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<sup>12</sup>

|                      |                                     |
|----------------------|-------------------------------------|
| Infertility services | 50% benefit, subject to limitations |
|----------------------|-------------------------------------|

### HEALTHY LIFESTYLE PROGRAM<sup>13</sup>

Includes personalized coaching, online support and access to resources for:

- Weight Loss/Management
- Smoking Cessation
- Pregnancy and Postpartum

### HEARING AID PLANS<sup>14</sup>

| Choice | \$1,000 allowance                             | allowance for instrument and ear molds; every 36 months; includes routine hearing exam                               |
|--------|---|--|
| Select | TruHearing® Advanced (\$699/device copayment) | flat copayment based on hearing aid selection; up to two hearing aids every 12 months; includes routine hearing exam |
|        | TruHearing® Premium (\$999/device copayment)  |  |

## NOTES

- <sup>1</sup> 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.
- <sup>2</sup> The annual out-of-pocket maximum is the total amount that the member must pay for certain services in a calendar year.
- <sup>3</sup> 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.
- <sup>4</sup> There may be an office visit copay if the primary purpose of a visit is not preventive or other services are provided.
- <sup>5</sup> Primary Care Physician copayment/specialist copayment.
- <sup>6</sup> Percentage copayment amounts are based on WHA's contracted rates with the provider of service.
- <sup>7</sup> With the exception of pediatric vision exams, copayments for vision and hearing examinations do not contribute to the out-of-pocket maximum.
- <sup>8</sup> See Copayment Summary for applicable prosthetic/orthotic device copayment amount.
- <sup>9</sup> Services under the pregnancy support and pre-implementation genetic testing are separate from the medical plan. Services are not subject to the deductible and copayments do not apply to the out-of-pocket maximum of the medical plan. Employers may decline this benefit.
- <sup>10</sup> Acupuncture and chiropractic services provided through Landmark Healthplan of California, Inc. Copayments for chiropractic services, if applicable, do not contribute to the medical OOP maximum.
- <sup>11</sup> The deductible and annual out-of-pocket maximum amounts are embedded, i.e. each member in the family must meet the Individual with family amount or the family must meet the Family amount before benefits will apply for that member.
- <sup>12</sup> Refer to the Infertility Benefits Copayment Summary for limitations and exclusions.
- <sup>13</sup> Healthy Lifestyle includes three coaching programs (weight loss, smoking cessation, pregnancy) and is administered by Optum Health.
- <sup>14</sup> Hearing aid services are administered by TruHearing. Costs you pay for hearing services, including hearing exam copayment and hearing aid costs, do not contribute to the out-of-pocket maximum.

NOTE: Plans are pending DMHC approval.



**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](https://choosewha.com/quality) to learn more about WHA's customer satisfaction ratings and annual provider survey results.



visit [choosewha.com](https://choosewha.com)



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