



Benefit Comparison

Western
Health
Advantage



*within reach,
beyond expectation*



Western Health Advantage was created by local health care providers to offer quality health care without the expensive bureaucracy of national HMOs.

Provider Networks

With a range of affordable coverage options, our members choose from many of the area's best groups.

- UC Davis Medical Group
- Mercy Medical Group
- NorthBay Center for Primary Care
- Woodland Clinic Medical Group
- Hill Physicians Medical Group
- Golden State Physicians Medical Group

Unique Advantages

Advantage Referral Program

The WHA Advantage Referral program enables WHA members to be easily referred to most specialists or hospitals in the WHA network. Your employees will no longer be frustrated by the inability to move between medical groups to see a specialist. Our flexible referral program and a dedicated, local Member Services team help simplify the process.

Enhanced Benefits

WHA members travel with peace of mind. Our partnership with one of the world's premier providers of global emergency services offers WHA members enhanced assistance when traveling 100 miles or more away from home or in another country.

And our members get fit with ease. Included in our plans is an award-winning array of online wellness tools and resources to inspire and develop healthy lifestyles.

Community Based

We are here when you need us; either in person or by phone. WHA serves employer groups in Sacramento, Yolo, Solano and western portions of El Dorado and Placer counties. Since we are specific to these regions, we can respond quickly to your inquiries.

Your insurance broker can assist you in adding Western Health Advantage to your current medical offering or arranging for WHA to serve as your sole business health plan. Find out why low cost coverage is just one of the advantages.

*A great value for
your people and
your business.*



Western Health Advantage Benefit Comparison

HMO MEDICAL PLANS

	Premier 10	Premier 15	Premier 20	Premier 40
Deductible ¹	None	None	None	None
Annual out-of-pocket maximum ²	\$1,000 Individual \$2,500 Family	\$1,500 Individual \$2,500 Family	\$1,500 Individual \$2,500 Family	\$1,500 Individual \$2,500 Family
Professional/Outpatient Services³				
Routine office visits	\$10 visit	\$15 visit	\$20 visit	\$40 visit
Allergy testing/therapeutic injections, including allergy shots	\$10 visit / \$5 visit	\$15 visit / \$5 visit	\$20 visit / \$5 visit	\$40 visit / \$5 visit
Pediatric and adult immunizations	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Annual eye and hearing exams	\$10 visit	\$15 visit	\$20 visit	\$40 visit
Maternity care, after the initial diagnosis, pre- and post-natal visits	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Well baby care visits, up to age two	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Outpatient surgery (performed in office setting)	\$10 visit	\$15 visit	\$20 visit	\$40 visit
Outpatient surgery (facility)	\$100 visit	\$100 visit	\$100 visit	\$100 visit
Outpatient lab and radiology	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Hospitalization Services				
Hospital inpatient services	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Skilled nursing care	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Behavioral Health Services				
Outpatient mental health and substance abuse	\$10 visit	\$15 visit	\$20 visit	\$40 visit
Inpatient mental health	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Inpatient substance abuse for detoxification only	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Other Services				
Emergency room	\$100 visit	\$100 visit	\$100 visit	\$100 visit
Urgent care center	\$20 visit	\$20 visit	\$35 visit	\$50 visit
Ambulance services	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Durable medical equipment ^{6,7}	20%	20%	20%	20%
Home health services	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Acupuncture care, up to 20 visits per calendar year ⁷	\$15 visit	\$15 visit	\$15 visit	\$15 visit
Chiropractic care, up to 20 visits per calendar year ⁷	\$15 visit	\$15 visit	\$15 visit	\$15 visit

OPTIONAL RIDERS⁷

Prescription Drug Plans	Rx H	Rx J	Rx W
Tier 1 — Preferred generic medication	\$10	\$10	\$10
Tier 2 — Preferred brand name medication	\$30	\$40	\$30, after \$150 Deductible ¹
Tier 3 — Non-Preferred medication	\$50	\$60	\$50, after \$150 Deductible ¹

Infertility Plan ^{7, 11}
50% benefit for Infertility Services subject to limitations

Advantage 15-30	Advantage 420	Advantage 70	Advantage 40
None	None	None	None
\$1,500 Individual \$2,500 Family	\$2,500 Individual \$4,500 Family	\$3,000 Individual \$5,000 Family	\$3,000 Individual \$5,000 Family
\$15-30 visit ⁴	\$20 visit	\$20 visit	\$40 visit
\$15-30 ⁴ / \$5 visit	\$20 visit / \$5 visit	\$20 visit / \$5 visit	\$40 visit / \$5 visit
Covered in Full	Covered in Full	Covered in Full	Covered in Full
\$15-30 visit ⁴	\$20 visit	\$20 visit	\$40 visit
Covered in Full	Covered in Full	Covered in Full	Covered in Full
Covered in Full	Covered in Full	Covered in Full	Covered in Full
\$15-30 visit ⁴	\$20 visit	\$20 visit	\$40 visit
\$100 visit	\$100 visit	30% ⁵	30% ⁵
Covered in Full	Covered in Full	Covered in Full	Covered in Full
\$250 day, days 1 to 3	\$500 day, days 1 to 5	30% ⁵	30% ⁵
\$250 day, days 1 to 3	\$500 day, days 1 to 5	30% ⁵	30% ⁵
\$15 visit	\$20 visit	\$20 visit	\$40 visit
\$250 day, days 1 to 3	\$500 day, days 1 to 5	30% ⁵	30% ⁵
\$250 day, days 1 to 3	\$500 day, days 1 to 5	30% ⁵	30% ⁵
\$100 visit	\$100 visit	\$100 visit	\$100 visit
\$50 visit	\$35 visit	\$50 visit	\$50 visit
Covered in Full	Covered in Full	Covered in Full	Covered in Full
20%	20%	20%	20%
Covered in Full	Covered in Full	Covered in Full	Covered in Full
\$15 visit	\$15 visit	\$15 visit	\$15 visit
\$15 visit	\$15 visit	\$15 visit	\$15 visit

This Benefit Comparison is intended to be used as a summary only. The 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 directly from WHA Sales Department by calling 916.563.3198.

Vision Plans ^{7, 12}	Full Service \$0	Full Service \$10	Eyewear Only \$0	Eyewear Only \$10
Copayment	None	\$10	None	\$10
Annual Exam	12 Months	12 Months	N/A	N/A
Lenses ¹³	24 Months	24 Months	24 Months	24 Months
Frames	24 Months	24 Months	24 Months	24 Months
Contact Lenses ¹³	24 Months	24 Months	24 Months	24 Months

Healthroads Coaching Program ¹⁴	
Weight Management	50+ telephonic skilled coaching sessions, specialized educational resources and rewards
Tobacco Cessation	
Healthy Living	

WESTERN HEALTH ADVANTAGE HIGH DEDUCTIBLE HMO MEDICAL PLANS

	Western 4010	Western 2025	Western 4025	Western 1800 An HSA Compatible Plan ⁸
Deductible ¹ — Medical	\$1,000 Individual \$2,000 Family	\$2,500 Individual \$5,000 Family	\$2,500 Individual \$5,000 Family	\$1,800 Single Member \$3,600 Family
Deductible ¹ — Prescription	\$150 Member Brand or Non-Preferred	\$150 Member Brand or Non-Preferred	\$150 Member Brand or Non-Preferred	Included w/ medical deductible
Annual out-of-pocket maximum ²	\$4,000 Individual \$8,000 Family	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$10,000 Family	\$1,800 Single Member \$3,600 Family
Preventive Care Services^{3,10}				
Periodic physical examinations (office visit only)	\$40 visit	\$20 visit	\$40 visit	Covered in Full
Pediatric and adult immunizations	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Annual eye and hearing exams	\$40 visit	\$20 visit	\$40 visit	Covered in Full
Maternity care, after the initial diagnosis, pre- and post-natal visits	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Well baby care visits, up to age two	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Breast, cervical, and prostate cancer screenings	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Professional/Outpatient Services³				
Office visits for medical and pediatric care	\$40 visit	\$20 visit	\$40 visit	Covered in Full, after deductible
Allergy testing/therapeutic injections, including allergy shots	\$40 visit / \$5 visit	\$20 visit / \$5 visit	\$40 visit / \$5 visit	Covered in Full, after deductible
Outpatient surgery (performed in office setting)	\$40 visit	\$20 visit	\$40 visit	Covered in Full, after deductible
Outpatient surgery (facility)	\$250 visit, after deductible	\$250 visit, after deductible	\$250 visit, after deductible	Covered in Full, after deductible
Outpatient lab and radiology	Covered in Full	Covered in Full	Covered in Full	Covered in Full, after deductible
Hospitalization Services				
Hospital inpatient services	\$500 day, after deductible	\$500 day, after deductible	\$500 day, after deductible	Covered in Full, after deductible
Skilled nursing care	\$500 day, after deductible	\$500 day, after deductible	\$500 day, after deductible	Covered in Full, after deductible
Behavioral Health Services				
Outpatient mental health and substance abuse	\$40 visit	\$20 visit	\$40 visit	Covered in Full, after deductible
Inpatient mental health	\$500 day, after deductible	\$500 day, after deductible	\$500 day, after deductible	Covered in Full, after deductible
Inpatient substance abuse for detoxification only	\$500 day, after deductible	\$500 day, after deductible	\$500 day, after deductible	Covered in Full, after deductible
Other Services				
Emergency room	\$100 visit, after deductible	\$100 visit, after deductible	\$100 visit, after deductible	Covered in Full, after deductible
Urgent care center	\$50 visit	\$50 visit	\$50 visit	Covered in Full, after deductible
Ambulance services	Covered in Full	Covered in Full	Covered in Full	Covered in Full, after deductible
Durable medical equipment ⁶	20% ⁷	20% ⁷	20% ⁷	Covered in Full, after deductible
Home health services	Covered in Full	Covered in Full	Covered in Full	Covered in Full, after deductible
Acupuncture care, up to 20 visits per calendar year ⁷	\$15 visit	\$15 visit	\$15 visit	Not Covered
Chiropractic care, up to 20 visits per calendar year ⁷	\$15 visit	\$15 visit	\$15 visit	Not Covered
Prescription Drug Plans				
Tier 1 — Preferred generic medication	\$10 ⁷	\$10 ⁷	\$10 ⁷	Covered in Full, after deductible
Tier 2 — Preferred brand name medication	\$30, after Rx deductible ⁷	\$30, after Rx deductible ⁷	\$30, after Rx deductible ⁷	Covered in Full, after deductible
Tier 3 — Non-Preferred medication	\$50, after Rx deductible ⁷	\$50, after Rx deductible ⁷	\$50, after Rx deductible ⁷	Covered in Full, after deductible

*Where affordable
care and quality
care meet.*



Western 2800B An HSA Compatible Plan ⁹	Western 2800 An HSA Compatible Plan ⁹
\$2,800 Individual \$5,600 Family Included w/ medical deductible	\$2,800 Single Member \$5,600 Family Included w/ medical deductible
\$4,000 Individual \$8,000 Family	\$4,000 Single Member \$8,000 Family
\$40 visit	\$40 visit
Covered in Full	Covered in Full
\$40 visit	\$40 visit
Covered in Full	Covered in Full
Covered in Full	Covered in Full
Covered in Full	Covered in Full
\$40 visit, after deductible	\$40 visit, after deductible
\$40 visit / \$5 visit, after deductible	\$40 visit / \$5 visit, after deductible
\$40 visit, after deductible	\$40 visit, after deductible
\$250 visit, after deductible	\$250 visit, after deductible
Covered in Full, after deductible	Covered in Full, after deductible
\$500 day, after deductible	\$500 day, after deductible
\$500 day, after deductible	\$500 day, after deductible
\$40 visit, after deductible	\$40 visit, after deductible
\$500 day, after deductible	\$500 day, after deductible
\$500 day, after deductible	\$500 day, after deductible
\$100 visit, after deductible	\$100 visit, after deductible
\$50 visit, after deductible	\$50 visit, after deductible
Covered in Full, after deductible	Covered in Full, after deductible
20%, after deductible	20%, after deductible
Covered in Full, after deductible	Covered in Full, after deductible
Not Covered	Not Covered
Not Covered	Not Covered
\$10, after deductible	\$10, after deductible
\$30, after deductible	\$30, after deductible
\$50, after deductible	\$50, after deductible

- 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.
- The annual out-of-pocket maximum is the total amount that member must pay for certain services in a calendar year.
- 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.
- Primary Care Physician copayment — Specialist copayment.
- Percentage copayment amounts are based on WHA's contracted rates with the provider of service.
- See Copayment Summary for applicable prosthetic/orthotic device copayment amount.
- Copayments do not contribute to the out-of-pocket maximum.
- The deductible and annual out-of-pocket maximum amounts are aggregate, i.e. the Family amount must be met before benefits will apply for any member of the family.
- The deductible and annual out-of-pocket maximum amounts are embedded, i.e. each member in the family must meet the Individual amount or the family must meet the Family amount before benefits will apply for that member.
- Preventive Care Services are not subject to the deductible but do contribute to the annual out-of-pocket maximum.
- Infertility Plan is available as a rider to groups with 20 or more eligible employees. Refer to the Infertility Benefits Copayment Summary for limitations and exclusions.
- Vision plans are available as a rider to groups with 2 or more enrolled employees. Vision plans are administered and underwritten by MESVision.
- Lenses are covered at a 12 month interval if the prescription change so indicates. Contact lenses are in lieu of lenses and frames. Refer to the Summary of Vision Benefits for plan details.
- Coaching Program is available as a rider to groups with 2 or more enrolled employees. Coaching Program is administered by American Specialty Health, Inc.



*within reach,
beyond expectation*

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