

Selecting your health coverage
from **Western Health Advantage**



PLAN COMPARISON

FOR LARGE GROUP
100+ Employees
Effective **1.1.19**

Western
Health
Advantage



choosewha.com

advantage > we're passionate about health care



We are all about helping people obtain quality health care. We also support medical innovation and promote whole-person health to suit the various needs of the communities we serve. We offer affordable coverage to employer groups, individuals and families, for every stage of life. We are here to help you stay healthy and facilitate the care you need when you need it.

we're community-focused

We pride ourselves in being the choice of thousands—from Penryn to Petaluma and Sacramento to San Jose. Your community is our community. We strengthen our neighborhoods and enrich the lives of community members by supporting local organizations. Supporting the communities where we live and work is one of our core values.

added value for members

Emergency assistance when you travel
When you travel 100 or more miles from home you are eligible for assistance with medical consultations and referrals, care of a minor child, lost luggage and more.
[Assist America](#) > mywha.org/travel

Call or chat for nurse advice
Around-the-clock access to registered nurses who are ready to answer your general health questions, including direct referrals to disease management nurses.
[Nurse24](#) > mywha.org/nurse24

Access your health plan with MyWHA
You can securely access your member ID card, view benefit details and map directions to your doctor's office from your desktop or smartphone.
[Mobile Apps](#) > mywha.org/apps

Keep in touch with personal portals
You have options for communicating with your doctor. Most of our partners have online capabilities such as scheduling appointments, viewing lab test results and accessing your medical record.
[Digital Access](#) > mywha.org/connect

We encourage healthy lifestyles
Our MyWHA Wellness online portal keeps your health status right at your fingertips. Complete an assessment, set goals and follow an action plan.
[Wellness Portal](#) > mywha.org/wellness

BENEFIT COMPARISON

TRADITIONAL PLANS

		PREMIER 10 HMO	PREMIER 15 HMO	PREMIER 20 HMO	PREMIER 40 HMO
MEDICAL DEDUCTIBLE ¹	SELF-ONLY COVERAGE	none			
	INDIVIDUAL WITH FAMILY				
	FAMILY COVERAGE				
PRESCRIPTION DEDUCTIBLE ¹	SELF-ONLY COVERAGE	n/a			
	INDIVIDUAL WITH FAMILY				
	FAMILY COVERAGE				
ANNUAL OUT-OF-POCKET MAXIMUM ²	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

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 visits	\$10 per visit	\$15 per visit	\$20 per visit	\$40 per visit
	Annual eye and hearing exams ⁷	\$10 per visit	\$15 per visit	\$20 per visit	\$40 per visit
	Outpatient surgery (performed in office setting)	\$10 per visit	\$15 per visit	\$20 per visit	\$40 per visit
	Outpatient surgery (facility)	\$100 per visit	\$100 per visit	\$100 per visit	\$100 per visit
	Laboratory test, x-rays and diagnostic imaging	CIF	CIF	CIF	CIF
	Imaging (CT/PET scans and MRIs)	CIF	CIF	CIF	CIF

HOSPITALIZATION SERVICES

	Hospital inpatient, facility	CIF	CIF	CIF	CIF
	Hospital inpatient, professional	CIF	CIF	CIF	CIF

BEHAVIORAL HEALTH SERVICES

	Mental health and substance abuse office visits	\$10 per visit	\$15 per visit	\$20 per visit	\$40 per visit
	Outpatient mental health and substance abuse services	CIF	CIF	CIF	CIF
	Inpatient mental health and substance abuse services	CIF	CIF	CIF	CIF

OTHER SERVICES

	Emergency room (waived if admitted)	\$100 per visit	\$100 per visit	\$100 per visit	\$100 per visit
	Urgent care center	\$20 per visit	\$20 per visit	\$35 per visit	\$50 per visit
	Ambulance services	CIF	CIF	CIF	CIF
	Durable medical equipment ⁸	20% ⁶	20% ⁶	20% ⁶	20% ⁶
	Acupuncture care, up to 20 visits ⁹	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
	Chiropractic care, up to 20 visits ⁹	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit

PRESCRIPTION DRUG PLANS (30-DAY SUPPLY)

	Preferred generic medication — TIER 1	see prescription drug plans			
	Preferred brand name medication — TIER 2				
	Non-preferred medication — TIER 3				

OTHER PRESCRIPTION COVERAGE

	Home self-injectable medication (30-day supply)	20% up to \$100 ⁶	20% up to \$100 ⁶	20% up to \$100 ⁶	20% up to \$100 ⁶
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BENEFIT COMPARISON

TRADITIONAL PLANS

		ADVANTAGE 15-30 HMO	ADVANTAGE 420 HMO	ADVANTAGE 70 HMO	ADVANTAGE 40 HMO
MEDICAL DEDUCTIBLE¹	SELF-ONLY COVERAGE	none			
	INDIVIDUAL WITH FAMILY				
	FAMILY COVERAGE				
PRESCRIPTION DEDUCTIBLE¹	SELF-ONLY COVERAGE	n/a			
	INDIVIDUAL WITH FAMILY				
	FAMILY COVERAGE				
ANNUAL OUT-OF-POCKET MAXIMUM²	SELF-ONLY COVERAGE	\$1,500	\$2,500	\$3,000	\$3,000
	INDIVIDUAL WITH FAMILY	\$1,500	\$2,500	\$3,000	\$3,000
	FAMILY COVERAGE	\$2,500	\$4,500	\$5,000	\$5,000
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 SERVICES³					
	Office visits	\$15/30 per visit ⁵	\$20 per visit	\$20 per visit	\$40 per visit
	Annual eye and hearing exams ⁷	\$15/30 per visit ⁵	\$20 per visit	\$20 per visit	\$40 per visit
	Outpatient surgery (performed in office setting)	\$15/30 per visit ⁵	\$20 per visit	\$20 per visit	\$40 per visit
	Outpatient surgery (facility)	\$100 per visit	\$100 per visit	30% ⁶	30% ⁶
	Laboratory test, x-rays and diagnostic imaging	CIF	CIF	CIF	CIF
	Imaging (CT/PET scans and MRIs)	CIF	CIF	CIF	CIF
HOSPITALIZATION SERVICES					
	Hospital inpatient, facility	\$250 per day, days 1 to 3	\$500 per day, days 1 to 5	30% ⁶	30% ⁶
	Hospital inpatient, professional	CIF	CIF	CIF	CIF
BEHAVIORAL HEALTH SERVICES					
	Mental health and substance abuse office visits	\$15 per visit	\$20 per visit	\$20 per visit	\$40 per visit
	Outpatient mental health and substance abuse services	CIF	CIF	CIF	CIF
	Inpatient mental health and substance abuse services	\$250 per day, days 1 to 3	\$500 per day, days 1 to 5	30% ⁶	30% ⁶
OTHER SERVICES					
	Emergency room (waived if admitted)	\$100 per visit	\$100 per visit	\$100 per visit	\$100 per visit
	Urgent care center	\$50 per visit	\$35 per visit	\$50 per visit	\$50 per visit
	Ambulance services	CIF	CIF	CIF	CIF
	Durable medical equipment ⁸	20% ⁶	20% ⁶	20% ⁶	20% ⁶
	Acupuncture care, up to 20 visits ⁹	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
	Chiropractic care, up to 20 visits ⁹	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
PRESCRIPTION DRUG PLANS (30-DAY SUPPLY)					
	Preferred generic medication — TIER 1	see prescription drug plans			
	Preferred brand name medication — TIER 2				
	Non-preferred medication — TIER 3				
OTHER PRESCRIPTION COVERAGE					
	Home self-injectable medication (30-day supply)	20% up to \$100 ⁶	20% up to \$100 ⁶	20% up to \$100 ⁶	20% up to \$100 ⁶

BENEFIT COMPARISON

DEDUCTIBLE PLANS

		WESTERN 4010 HMO	WESTERN 2025 HMO	WESTERN 4025 HMO	WESTERN 5045 HMO
MEDICAL DEDUCTIBLE¹	SELF-ONLY COVERAGE	\$1,000	\$2,500	\$2,500	\$4,500
	INDIVIDUAL WITH FAMILY	\$1,000	\$2,500	\$2,500	\$4,500
	FAMILY COVERAGE	\$2,000	\$5,000	\$5,000	\$9,000
PRESCRIPTION DEDUCTIBLE¹	SELF-ONLY COVERAGE				
	INDIVIDUAL WITH FAMILY	\$150 brand or non-preferred	\$150 brand or non-preferred	\$150 brand or non-preferred	n/a
	FAMILY COVERAGE				
ANNUAL OUT-OF-POCKET MAXIMUM²	SELF-ONLY COVERAGE	\$4,000	\$5,000	\$5,000	\$6,350
	INDIVIDUAL WITH FAMILY	\$4,000	\$5,000	\$5,000	\$6,350
	FAMILY COVERAGE	\$8,000	\$10,000	\$10,000	\$12,700

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 SERVICES³

Office visits	\$40 per visit	\$20 per visit	\$40 per visit	\$50 per visit
Annual eye and hearing exams ⁷	\$40 per visit	\$20 per visit	\$40 per visit	\$50 per visit
Outpatient surgery (performed in office setting)	\$40 per visit	\$20 per visit	\$40 per visit	\$50 per visit
Outpatient surgery (facility)	\$250 per visit AD	\$250 per visit AD	\$250 per visit AD	40% AD ⁶
Laboratory test, x-rays and diagnostic imaging	CIF	CIF	CIF	CIF AD
Imaging (CT/PET scans and MRIs)	CIF	CIF	CIF	CIF AD

HOSPITALIZATION SERVICES

Hospital inpatient, facility	\$500 per day AD	\$500 per day AD	\$500 per day AD	40% AD ⁶
Hospital inpatient, professional	CIF	CIF	CIF	40% AD ⁶

BEHAVIORAL HEALTH SERVICES

Mental health and substance abuse office visits	\$40 per visit	\$20 per visit	\$40 per visit	\$50 per visit
Outpatient mental health and substance abuse services	CIF	CIF	CIF	CIF
Inpatient mental health and substance abuse services	\$500 per day AD	\$500 per day AD	\$500 per day AD	40% AD ⁶

OTHER SERVICES

Emergency room (waived if admitted)	\$100 per visit AD	\$100 per visit AD	\$100 per visit AD	40% AD ⁶
Urgent care center	\$50 per visit	\$50 per visit	\$50 per visit	\$50 per visit
Ambulance services	CIF	CIF	CIF	40% AD ⁶
Durable medical equipment ⁸	20% ⁶	20% ⁶	20% ⁶	40% AD ⁶
Acupuncture care, up to 20 visits ⁹	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
Chiropractic care, up to 20 visits ⁹	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit

PRESCRIPTION DRUG PLANS (30-DAY SUPPLY)

Preferred generic medication — TIER 1	\$10	\$10	\$10	\$15
Preferred brand name medication — TIER 2	\$30, after Rx deductible	\$30, after Rx deductible	\$30, after Rx deductible	\$50
Non-preferred medication — TIER 3	\$50, after Rx deductible	\$50, after Rx deductible	\$50, after Rx deductible	\$75

OTHER PRESCRIPTION COVERAGE

Home self-injectable medication (30-day supply)	20% up to \$100 ⁶	20% up to \$100 ⁶	20% up to \$100 ⁶	20% up to \$100 ⁶
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BENEFIT COMPARISON

HSA-COMPATIBLE HIGH-Deductible PLANS

		WESTERN 1800/0 HDHP HMO ¹⁰	WESTERN 2800/0 HDHP HMO ¹⁰	WESTERN 2800/40 HDHP HMO ¹⁰	WESTERN 3000 HDHP HMO ¹⁰	WESTERN 4000 HDHP HMO ¹⁰	WESTERN 5500 HDHP HMO ¹⁰
MEDICAL DEDUCTIBLE¹	SELF-ONLY COVERAGE	\$1,800	\$2,800	\$2,800	\$3,000	\$4,000	\$5,500
	INDIVIDUAL WITH FAMILY	\$2,700	\$2,800	\$2,800	\$3,000	\$4,000	\$5,500
	FAMILY COVERAGE	\$3,600	\$5,600	\$5,600	\$6,000	\$8,000	\$11,000
PRESCRIPTION DEDUCTIBLE¹	SELF-ONLY COVERAGE	combined with medical					
	INDIVIDUAL WITH FAMILY						
	FAMILY COVERAGE						
ANNUAL OUT-OF-POCKET MAXIMUM²	SELF-ONLY COVERAGE	\$3,600	\$2,800	\$4,000	\$6,350	\$6,350	\$5,500
	INDIVIDUAL WITH FAMILY	\$3,600	\$2,800	\$4,000	\$6,350	\$6,350	\$5,500
	FAMILY COVERAGE	\$7,200	\$5,600	\$8,000	\$12,700	\$12,700	\$11,000
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 SERVICES³							
	Office visits	CIF AD	CIF AD	\$40 per visit AD	\$30 per visit AD	40% AD ⁶	CIF AD
	Annual eye and hearing exams ⁷	CIF	CIF	CIF	CIF	CIF	CIF
	Outpatient surgery (performed in office setting)	CIF AD	CIF AD	\$40 per visit AD	\$30 per visit AD	40% AD ⁶	CIF AD
	Outpatient surgery (facility)	CIF AD	CIF AD	\$250 per visit AD	30% AD ⁶	40% AD ⁶	CIF AD
	Laboratory test, x-rays and diagnostic imaging	CIF AD	CIF AD	CIF AD	30% AD ⁶	40% AD ⁶	CIF AD
	Imaging (CT/PET scans and MRIs)	CIF AD	CIF AD	CIF AD	30% AD ⁶	40% AD ⁶	CIF AD
HOSPITALIZATION SERVICES							
	Hospital inpatient, facility	CIF AD	CIF AD	\$500 per day AD	30% AD ⁶	40% AD ⁶	CIF AD
	Hospital inpatient, professional	CIF AD	CIF AD	CIF AD	30% AD ⁶	40% AD ⁶	CIF AD
BEHAVIORAL HEALTH SERVICES							
	Mental health and substance abuse office visits	CIF AD	CIF AD	\$40 per visit AD	\$30 per visit AD	40% AD ⁶	CIF AD
	Outpatient mental health and substance abuse services	CIF AD	CIF AD	CIF AD	30% AD ⁶	40% AD ⁶	CIF AD
	Inpatient mental health and substance abuse services	CIF AD	CIF AD	\$500 per day AD	30% AD ⁶	40% AD ⁶	CIF AD
OTHER SERVICES							
	Emergency room (waived if admitted)	CIF AD	CIF AD	\$100 per visit AD	30% AD ⁶	40% AD ⁶	CIF AD
	Urgent care center	CIF AD	CIF AD	\$50 per visit AD	30% AD ⁶	40% AD ⁶	CIF AD
	Ambulance services	CIF AD	CIF AD	CIF AD	30% AD ⁶	40% AD ⁶	CIF AD
	Durable medical equipment ⁸	CIF AD	CIF AD	20% AD ⁶	30% AD ⁶	40% AD ⁶	CIF AD
	Acupuncture care, up to 20 visits ⁹	CIF AD	CIF AD	CIF AD	CIF AD	CIF AD	CIF AD
	Chiropractic care, up to 20 visits ⁹	CIF AD	CIF AD	CIF AD	CIF AD	CIF AD	CIF AD
PRESCRIPTION DRUG PLANS (30-DAY SUPPLY)							
	Preferred generic medication — TIER 1	CIF AD	CIF AD	\$10 AD	\$10 AD	40% up to \$500 per prescription AD ⁶	CIF AD
	Preferred brand name medication — TIER 2	\$30 AD	CIF AD	\$30 AD	\$30 AD		CIF AD
	Non-preferred medication — TIER 3	\$50 AD	CIF AD	\$50 AD	\$50 AD		CIF AD
OTHER PRESCRIPTION COVERAGE							
	Home self-injectable medication (30-day supply)	CIF AD	CIF AD	20% up to \$100 AD ⁶	20% up to \$100 AD ⁶	40% up to \$500 AD ⁶	CIF AD

The enclosed 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.

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 Primary Care Physician copayment/specialist copayment.
- ⁶ Percentage copayment amounts are based on WHA's contracted rates with the provider of service.
- ⁷ With the exception of pediatric vision exams, copayments for vision and hearing examinations do not contribute to the out-of-pocket maximum.
- ⁸ See Copayment Summary for applicable prosthetic/orthotic device copayment amount.
- ⁹ 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.
- ¹⁰ 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.
- ¹¹ Refer to the Infertility Benefits Copayment Summary for limitations and exclusions.
- ¹² Vision plans are underwritten and administered by MESVision.
- ¹³ 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.
- ¹⁴ Wellness coaching is administered by Optum®.



PRESCRIPTION DRUG PLANS

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

	Rx H	Rx J	Rx W
Preferred generic medication (Tier 1)	\$10	\$10	\$10
Preferred brand name medication (Tier 2)	\$30	\$40	\$30, after \$150 deductible ¹
Non-preferred medication (Tier 3)	\$50	\$60	\$50, after \$150 deductible ¹

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**¹¹

Infertility services	50% benefit, subject to limitations
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VISION PLANS**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

WELLNESS COACHING¹⁴

Real Appeal® (weight loss)	personalized one-on-one telephonic coaching from experts specializing in weight loss [includes registered dietitians], smoking cessation and overall health and wellness
Quit For Life® (smoking cessation)	
Lifestyle Coaching (general wellness)	
Complete Coaching program includes access to all three coaching programs	



we're always here for you

We're here to provide exceptional service to our members, providers and partners. You can easily reach us in person or on the phone. We're responsive and make decisions without delay.

Whether you are new to health care or considering switching from your current plan, we can help you find an affordable way to take care of the employees who take care of your business. Call your broker or WHA today to discuss coverage options for your team.

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

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