

# a healthy balance



Western  
Health  
Advantage



## Plan Comparison

FOR INDIVIDUALS AND FAMILIES

PLANS EFFECTIVE 01.01.23



## we have choices for you and your family

All individual/family plans from WHA 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 bronze, silver, gold or platinum to help you compare options. You can also consider three types of plans—traditional (fixed copays without reaching a deductible first), deductible (fixed costs for office visits with some services needing a deductible) and HSA-compatible high-deductible (when bundled with a health savings account, HDHPs allow members to build funds to pay for out-of-pocket expenses).



## we offer you a healthy balance

Open enrollment is the time for selecting your health coverage. As you consider the best health plan for you, choose one that provides access to quality and affordable care that is designed to keep you and your budget healthy and happy, while supporting your ongoing health and well-being.

WHA offers exceptional care through a broad network of doctors and hospitals where members benefit from comprehensive, personalized care. Individual/family plans are available in Marin, Napa, Sacramento, Solano, Sonoma, Yolo and parts of El Dorado and Placer counties. Search to find a doctor or facility in your area by visiting [choosewha.com/directory](https://www.choosewha.com/directory).

**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 888.563.2250 or via email at [individualsales@westernhealth.com](mailto:individualsales@westernhealth.com).

## BENEFIT COMPARISON

### TRADITIONAL PLANS

		WHA PLATINUM 90 HMO	WHA GOLD 80 HMO
MEDICAL DEDUCTIBLE <sup>1</sup>	SELF-ONLY COVERAGE	None	None
	INDIVIDUAL WITH FAMILY	None	None
	FAMILY COVERAGE	None	None
PRESCRIPTION DEDUCTIBLE <sup>1</sup>	SELF-ONLY COVERAGE	None	None
	INDIVIDUAL WITH FAMILY	None	None
	FAMILY COVERAGE	None	None
ANNUAL OUT-OF-POCKET MAXIMUM <sup>2</sup>	SELF-ONLY COVERAGE	\$4,500	\$8,550
	INDIVIDUAL WITH FAMILY	\$4,500	\$8,550
	FAMILY COVERAGE	\$9,000	\$17,100
<b>PREVENTIVE CARE SERVICES<sup>3, 4</sup></b>			

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

<b>PROFESSIONAL/OUTPATIENT SERVICES<sup>3</sup></b>			
Office or virtual visits, primary care		\$15 per visit	\$35 per visit
Office or virtual visits, specialist		\$30 per visit	\$65 per visit
Outpatient surgery, facility		\$100 per visit	\$150 per visit
Outpatient surgery, professional		\$25 per visit	\$40 per visit
Laboratory tests		\$15 per visit	\$40 per visit
X-ray and diagnostic imaging		\$30 per visit	\$75 per visit
Imaging (CT/PET scans and MRIs)		\$75 per visit	\$75 per visit
<b>HOSPITALIZATION SERVICES</b>			
Hospital inpatient, facility		\$250 per day, days 1-5	\$350 per day, days 1-5
Hospital inpatient, professional		CIF	CIF
<b>BEHAVIORAL HEALTH SERVICES</b>			
Mental Health & Substance Use Disorders			
Office or virtual visits		\$15 per visit	\$35 per visit
Outpatient other services		CIF	CIF
Inpatient, facility		\$250 per day, days 1-5	\$350 per day, days 1-5
Inpatient, professional		CIF	CIF
<b>OTHER SERVICES</b>			
Emergency room, facility (waived if admitted)		\$150 per visit	\$350 per visit
Emergency room, professional		CIF	CIF
Urgent care virtual visit/Urgent care center		\$15/\$15 per visit	\$35/\$35 per visit
Ambulance services		\$150 per trip	\$250 per trip
Durable medical equipment <sup>5</sup>		10% <sup>11</sup>	20% <sup>11</sup>
Home health services, up to 100 visits		\$20 per visit	\$30 per visit
Acupuncture <sup>6</sup>		\$15 per visit	\$35 per visit
Pediatric vision, up to age 19 <sup>7</sup>	Examination and eyewear at no cost; see additional benefit information		
Pediatric dental, up to age 19 <sup>8</sup>	Diagnostic and preventive dental care at no cost; see additional benefit information		
<b>PRESCRIPTION SERVICES<sup>9</sup></b>			
Tier 1 (Retail: 30-day supply)		\$5	\$15
Tier 2 (Retail: 30-day supply)		\$15	\$60
Tier 3 (Retail: 30-day supply)		\$25	\$85
Tier 4 (Retail: 30-day supply)		10% up to \$250 <sup>11</sup>	20% up to \$250 <sup>11</sup>

FOR THOSE UNDER 30 WHO DO NOT QUALIFY FOR TAX CREDIT

AVAILABLE FROM WHA DIRECT AND COVERED CALIFORNIA UNLESS OTHERWISE INDICATED\*

# BENEFIT COMPARISON

## DEDUCTIBLE PLANS

		WHA SILVER 70 HMO	WHA OFF EXCHANGE SILVER 70 HMO	WHA BRONZE 60 HMO	WHA MINIMUM COVERAGE HMO
		FROM COVERED CA ONLY*	FROM WHA DIRECT ONLY*		
MEDICAL DEDUCTIBLE <sup>1</sup>	SELF-ONLY COVERAGE	\$4,750	\$4,750	\$6,300	\$9,100
	INDIVIDUAL WITH FAMILY	\$4,750	\$4,750	\$6,300	\$9,100
	FAMILY COVERAGE	\$9,500	\$9,500	\$12,600	\$18,200
PRESCRIPTION DEDUCTIBLE <sup>1</sup>	SELF-ONLY COVERAGE	\$85	\$85	\$500	Included in the medical deductible
	INDIVIDUAL WITH FAMILY	\$85	\$85	\$500	
	FAMILY COVERAGE	\$170	\$170	\$1,000	
ANNUAL OUT-OF-POCKET MAXIMUM <sup>2</sup>	SELF-ONLY COVERAGE	\$8,750	\$8,750	\$8,200	\$9,100
	INDIVIDUAL WITH FAMILY	\$8,750	\$8,750	\$8,200	\$9,100
	FAMILY COVERAGE	\$17,500	\$17,500	\$16,400	\$18,200
PREVENTIVE CARE SERVICES <sup>3, 4</sup>					

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 <sup>3</sup>					
Office or virtual visits, primary care	\$45 per visit	\$45 per visit	\$65 per visit AD <sup>10</sup>	CIF AD <sup>10</sup>	
Office or virtual visits, specialist	\$85 per visit	\$85 per visit	\$95 per visit AD <sup>10</sup>	CIF AD	
Outpatient surgery, facility	20% <sup>11</sup>	20% <sup>11</sup>	40% AD <sup>11</sup>	CIF AD	
Outpatient surgery, professional	20% <sup>11</sup>	20% <sup>11</sup>	40% AD <sup>11</sup>	CIF AD	
Laboratory tests	\$50 per visit	\$50 per visit	\$40 per visit	CIF AD	
X-ray and diagnostic imaging	\$95 per visit	\$95 per visit	40% AD <sup>11</sup>	CIF AD	
Imaging (CT/PET scans and MRIs)	\$325 per visit	\$325 per visit	40% AD <sup>11</sup>	CIF AD	
HOSPITALIZATION SERVICES					
Hospital inpatient, facility	30% AD <sup>11</sup>	30% AD <sup>11</sup>	40% AD <sup>11</sup>	CIF AD	
Hospital inpatient, professional	30% <sup>11</sup>	30% <sup>11</sup>	40% AD <sup>11</sup>	CIF AD	
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders					
Office or virtual visits	\$45 per visit	\$45 per visit	\$65 per visit AD <sup>10</sup>	CIF AD <sup>10</sup>	
Outpatient other services	20% up to \$45 per visit <sup>11</sup>	20% up to \$45 per visit <sup>11</sup>	40% up to \$65 per visit AD <sup>11</sup>	CIF AD	
Inpatient, facility	30% AD <sup>11</sup>	30% AD <sup>11</sup>	40% AD <sup>11</sup>	CIF AD	
Inpatient, professional	30% <sup>11</sup>	30% <sup>11</sup>	40% AD <sup>11</sup>	CIF AD	
OTHER SERVICES					
Emergency room, facility (waived if admitted)	\$400 per visit	\$400 per visit	40% AD <sup>11</sup>	CIF AD	
Emergency room, professional	CIF	CIF	CIF	CIF	
Urgent care virtual visit/Urgent care center	\$45/\$45 per visit	\$45/\$45 per visit	\$49/\$65 per visit AD <sup>10</sup>	CIF/CIF AD <sup>10</sup>	
Ambulance services	\$250 per trip	\$255 per trip	40% AD <sup>11</sup>	CIF AD	
Durable medical equipment <sup>5</sup>	20% <sup>11</sup>	20% <sup>11</sup>	40% AD <sup>11</sup>	CIF AD	
Home health services, up to 100 visits	\$45 per visit	\$45 per visit	40% AD <sup>11</sup>	CIF AD	
Acupuncture <sup>6</sup>	\$45 per visit	\$45 per visit	\$65 per visit AD <sup>10</sup>	CIF AD <sup>10</sup>	
Pediatric vision, up to age 19 <sup>7</sup>	Examination and eyewear at no cost; see additional benefit information				
Pediatric dental, up to age 19 <sup>8</sup>	Diagnostic and preventive dental care at no cost; see additional benefit information				
PRESCRIPTION SERVICES <sup>9</sup>					
Tier 1 (Retail: 30-day supply)	\$16 AD	\$16 AD	\$18 AD	CIF AD	
Tier 2 (Retail: 30-day supply)	\$60 AD	\$60 AD	40% up to \$500 per prescription AD <sup>11</sup>	CIF AD	
Tier 3 (Retail: 30-day supply)	\$90 AD	\$90 AD		CIF AD	
Tier 4 (Retail: 30-day supply)	20% up to \$250 AD <sup>11</sup>	20% up to \$250 AD <sup>11</sup>		CIF AD	

Individual: Effective 1.1.23 | CIF — Covered In Full | AD: After Deductible — Copayment applies once deductible is met | See applicable notes



# BENEFIT COMPARISON

## HSA-COMPATIBLE HIGH-Deductible PLANS

		WHA BRONZE 60 HDHP HMO	ADVANTAGE WHA SILVER 4800 HDHP HMO	ADVANTAGE WHA BRONZE 7000 HDHP HMO
		FROM WHA DIRECT ONLY*		
MEDICAL DEDUCTIBLE <sup>1</sup>	SELF-ONLY COVERAGE	\$7,000	\$4,800	\$7,000
	INDIVIDUAL WITH FAMILY	\$7,000	\$4,800	\$7,000
	FAMILY COVERAGE	\$14,000	\$9,600	\$14,000
PRESCRIPTION DEDUCTIBLE <sup>1</sup>	SELF-ONLY COVERAGE	Included in the medical deductible	Included in the medical deductible	Included in the medical deductible
	INDIVIDUAL WITH FAMILY			
	FAMILY COVERAGE			
ANNUAL OUT-OF-POCKET MAXIMUM <sup>2</sup>	SELF-ONLY COVERAGE	\$7,000	\$4,800	\$7,000
	INDIVIDUAL WITH FAMILY	\$7,000	\$4,800	\$7,000
	FAMILY COVERAGE	\$14,000	\$9,600	\$14,000
PREVENTIVE CARE SERVICES <sup>3, 4</sup>				

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 <sup>3</sup>				
	Office or virtual visits, primary care	CIF AD	CIF AD	CIF AD
	Office or virtual visits, specialist	CIF AD	CIF AD	CIF AD
	Outpatient surgery, facility	CIF AD	CIF AD	CIF AD
	Outpatient surgery, professional	CIF AD	CIF AD	CIF AD
	Laboratory tests	CIF AD	CIF AD	CIF AD
	X-ray and diagnostic imaging	CIF AD	CIF AD	CIF AD
	Imaging (CT/PET scans and MRIs)	CIF AD	CIF AD	CIF AD
HOSPITALIZATION SERVICES				
	Hospital inpatient, facility	CIF AD	CIF AD	CIF AD
	Hospital inpatient, professional	CIF AD	CIF AD	CIF AD
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders				
	Office or virtual visits	CIF AD	CIF AD	CIF AD
	Outpatient other services	CIF AD	CIF AD	CIF AD
	Inpatient, facility	CIF AD	CIF AD	CIF AD
	Inpatient, professional	CIF AD	CIF AD	CIF AD
OTHER SERVICES				
	Emergency room, facility (waived if admitted)	CIF AD	CIF AD	CIF AD
	Emergency room, professional	CIF AD	CIF AD	CIF AD
	Urgent care virtual visit/Urgent care center	CIF/CIF AD	CIF/CIF AD	CIF/CIF AD
	Ambulance services	CIF AD	CIF AD	CIF AD
	Durable medical equipment <sup>5</sup>	CIF AD	CIF AD	CIF AD
	Home health services, up to 100 visits	CIF AD	CIF AD	CIF AD
	Acupuncture <sup>6</sup>	CIF AD	CIF AD	CIF AD
	Pediatric vision, up to age 19 <sup>7</sup>	Examination and eyewear at no cost; see additional benefit information		
	Pediatric dental, up to age 19 <sup>8</sup>	Diagnostic and preventive dental care at no cost; see additional benefit information		
PRESCRIPTION SERVICES <sup>9</sup>				
	Tier 1 (Retail: 30-day supply)	CIF AD	CIF AD	CIF AD
	Tier 2 (Retail: 30-day supply)	CIF AD	CIF AD	CIF AD
	Tier 3 (Retail: 30-day supply)	CIF AD	CIF AD	CIF AD
	Tier 4 (Retail: 30-day supply)	CIF AD	CIF AD	CIF AD

# BENEFIT COMPARISON

## COST SHARING REDUCTION PLANS

		FOR THOSE WITH INCOME RANGE OF 100% – 150% FPL	FOR THOSE WITH INCOME RANGE OF 150% – 200% FPL	FOR THOSE WITH INCOME RANGE OF 200% – 250% FPL
		WHA SILVER 94 HMO	WHA SILVER 87 HMO	WHA SILVER 73 HMO
		FROM COVERED CA ONLY*		
MEDICAL DEDUCTIBLE <sup>1</sup>	SELF-ONLY COVERAGE	\$75*	800*	\$4,750*
	INDIVIDUAL WITH FAMILY	\$75*	800*	\$4,750*
	FAMILY COVERAGE	\$150*	1,600*	\$9,500*
PRESCRIPTION DEDUCTIBLE <sup>1</sup>	SELF-ONLY COVERAGE	none	\$25*	\$30*
	INDIVIDUAL WITH FAMILY	none	\$25*	\$30*
	FAMILY COVERAGE	none	\$50*	\$60*
ANNUAL OUT-OF-POCKET MAXIMUM <sup>2</sup>	SELF-ONLY COVERAGE	\$900	\$3,000	\$7,250
	INDIVIDUAL WITH FAMILY	\$900	\$3,000	\$7,250
	FAMILY COVERAGE	\$1,800	\$6,000	\$14,500
<b>PREVENTIVE CARE SERVICES<sup>3, 4</sup></b>				
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				
<b>PROFESSIONAL/OUTPATIENT SERVICES<sup>3</sup></b>				
Office or virtual visits, primary care		\$5 per visit	\$15 per visit	\$45 per visit
Office or virtual visits, specialist		\$8 per visit	\$25 per visit	\$85 per visit
Outpatient surgery, facility		10% <sup>11</sup>	15% <sup>11</sup>	20% <sup>11</sup>
Outpatient surgery, professional		10% <sup>11</sup>	15% <sup>11</sup>	20% <sup>11</sup>
Laboratory tests		\$8 per visit	\$20 per visit	\$50 per visit
X-ray and diagnostic imaging		\$8 per visit	\$40 per visit	\$90 per visit
Imaging (CT/PET scans and MRIs)		\$50 per visit	\$100 per visit	\$325 per visit
<b>HOSPITALIZATION SERVICES</b>				
Hospital inpatient, facility		10% AD <sup>11</sup>	25% AD <sup>11</sup>	30% AD <sup>11</sup>
Hospital inpatient, professional		10% <sup>11</sup>	25% <sup>11</sup>	30% <sup>11</sup>
<b>BEHAVIORAL HEALTH SERVICES</b>				
Mental Health & Substance Use Disorders				
Office or virtual visits		\$5 per visit	\$15 per visit	\$45 per visit
Outpatient other services		CIF	CIF	CIF
Inpatient, facility		10% AD <sup>11</sup>	25% AD <sup>11</sup>	30% AD <sup>11</sup>
Inpatient, professional		10% <sup>11</sup>	25% <sup>11</sup>	30% <sup>11</sup>
<b>OTHER SERVICES</b>				
Emergency room, facility (waived if admitted)		\$50 per visit	\$150 per visit	\$400 per visit
Emergency room, professional		CIF	CIF	CIF
Urgent care virtual visit/Urgent care center		\$5/\$5 per visit	\$15/\$15 per visit	\$45/\$45 per visit
Ambulance services		\$30 per trip	\$75 per trip	\$250 per trip
Durable medical equipment <sup>5</sup>		10% <sup>11</sup>	15% <sup>11</sup>	20% <sup>11</sup>
Home health services, up to 100 visits		\$3 per visit	\$15 per visit	\$40 per visit
Acupuncture <sup>6</sup>		\$5 per visit	\$15 per visit	\$45 per visit
Pediatric vision, up to age 19 <sup>7</sup>		Examination and eyewear at no cost; see additional benefit information		
Pediatric dental, up to age 19 <sup>8</sup>		Diagnostic and preventive dental care at no cost; see additional benefit information		
<b>PRESCRIPTION SERVICES<sup>9</sup></b>				
Tier 1 (Retail: 30-day supply)		\$3	\$5 AD	\$16 AD
Tier 2 (Retail: 30-day supply)		\$10	\$25 AD	\$55 AD
Tier 3 (Retail: 30-day supply)		\$15	\$45 AD	\$85 AD
Tier 4 (Retail: 30-day supply)		10% up to \$150 <sup>11</sup>	15% up to \$150 AD <sup>11</sup>	20% up to \$250 AD <sup>11</sup>

## 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 services provided through Landmark Healthplan of California.
- 7 Pediatric eyewear provided through MESVision.
- 8 Provided through Delta Dental of California, including: Diagnostic and preventive dental care at no cost, basic dental care services, major dental care services, orthodontics when determined medically necessary.
- 9 Certain drugs may be categorized outside their respective tier. To confirm the 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 Deductible is waived for first three cumulative non-preventive care visits or services in a calendar year.
- 11 Percentage copayment amounts are based on WHA's contracted rate.
- 12 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.

## add an optional rider: Adult Dental

Available to adults on plans purchased direct from WHA.

**DeltaCare® USA** provides quality benefits at an affordable cost in an easy-to-use plan. DeltaCare's program encourages you to visit the dentist regularly to keep a healthy smile.

- > Visit [deltadentalins.com](http://deltadentalins.com) to find a primary care dentist in DeltaCare's quality dental HMO network.
- > Review WHA's Enrollment Application and Membership Agreement for cost details and check "I elect to add the DeltaCare® USA to my plan."

## access services available through your health plan

### OptumRx®

Call: 888.563.2250  
(WHA Member Services)

OptumRx provides 24/7 access to pharmacists, online and mobile app prescription management, and tools to find pharmacies

### MyWHA Wellness — Optum®

Call: 877.793.3655

Complete your no-cost wellness assessment to learn if you meet the requirements for these programs:

- > **Real Appeal: Diabetes Prevention:** A no-cost, online weight loss program with an emphasis on diabetes prevention
- > **Disease Management:** No-cost programs for eligible members living with asthma, coronary artery disease, or diabetes

### NurseLine — Optum®

Call: 877.793.3655

24/7 access to a no-cost health advice line staffed with registered nurses

### Assist America® Global Emergency Services

Call: 800.872.1414  
Access code: 01-AA-WHA-02083

Anytime you travel 100 miles or more away from home, Assist America provides global emergency assistance; use convenient Assist America mobile app

### Landmark Healthplan of California

Call: 800.298.4875

Benefit covers treatment of pain related to acute neuromusculoskeletal conditions, subject to medical necessity; no PCP referral required for covered services

### Optum Behavioral Health\*

Call: 800.765.6820

Office visits, inpatient care, outpatient care, and substance use disorders, as defined in your plan

### DeltaCare® USA

Call: 800.422.4234

Quality dental benefits to members up to age 19; Diagnostic and preventive dental care at no cost; see copayment summary for details

### MESVision®

Call: 800.877.6372

Eyewear benefits, available to members up to 19; glasses, lenses, elective contact lenses are generally covered; see copayment summary for details

*\*WHA intends to change its behavioral health provider to United States Behavioral Health Plan, California (USBHPC)—an affiliate of Optum—effective January 1, 2023, pending approval from the Department of Managed Health Care.*

Western  
Health  
Advantage



## we are here to support optimum health

Count on us to take care of you and your family. We are one of the top three among 21 California health plans, consistently earning high scores in member satisfaction and health plan quality from state and national surveys. Additionally, nearly 94% of our clinical providers would recommend WHA to other physicians. You can easily reach us in person or on the phone. We're responsive and make decisions without delay.

**Western Health Advantage is here to provide you exceptional, personal service. Choose WHA.**



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



**916.563.2250**

toll-free **888.563.2250**

TDD/TTY **888.877.5378**

individualsales@westernhealth.com  
2349 Gateway Oaks Drive, Suite 100  
Sacramento, California 95833

**advantage** > **you**