

Selecting your health coverage  
from Western Health Advantage



**PLAN COMPARISON**

FOR INDIVIDUALS AND FAMILIES  
Effective 1.1.20

Western  
Health  
Advantage



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



## make a healthy switch

It's that time of year again—open enrollment for your health insurance. If you're looking for an affordable, quality health plan, choose one designed to keep you, your family and budget healthy and happy. Western Health Advantage was designed to deliver the benefits and coverage you and your family need, along with the care and attention you deserve. Before you check the same health plan box as last year, check out your options with Western Health Advantage.



## we have choices for you

All individual plans from WHA include the Ten Essential Health Benefits and comply with the metal tiers established by the Affordable Care Act [ACA]. The essential health benefits include:

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services
6. Prescription drugs
7. Services and devices: help with recovery from an injury, disability or chronic condition
8. Laboratory services
9. Preventive services: counseling, screenings and vaccines
10. Pediatric services: dental and vision care for kids

The metal-tier system, which designates a plan as bronze, silver, gold or platinum, helps compare options.



**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
<b>MEDICAL DEDUCTIBLE<sup>1</sup></b>	SELF-ONLY COVERAGE	None	None
	INDIVIDUAL WITH FAMILY	None	None
	FAMILY COVERAGE	None	None
<b>PRESCRIPTION DEDUCTIBLE<sup>1</sup></b>	SELF-ONLY COVERAGE	None	None
	INDIVIDUAL WITH FAMILY	None	None
	FAMILY COVERAGE	None	None
<b>ANNUAL OUT-OF-POCKET MAXIMUM<sup>2</sup></b>	SELF-ONLY COVERAGE	\$4,500	\$7,800
	INDIVIDUAL WITH FAMILY	\$4,500	\$7,800
	FAMILY COVERAGE	\$9,000	\$15,600

### 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 visits, primary care	\$15 per visit	\$30 per visit
Office visits, specialist	\$30 per visit	\$65 per visit
Outpatient surgery, facility	\$100 per visit	\$300 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	\$275 per visit

### HOSPITALIZATION SERVICES

Hospital inpatient, facility	\$250 per day, days 1-5	\$600 per day, days 1-5
Hospital inpatient, professional	CIF	CIF

### BEHAVIORAL HEALTH SERVICES Mental Health and Substance Abuse

Office visits	\$15 per visit	\$30 per visit
Outpatient services	CIF	CIF
Inpatient, facility	\$250 per day, days 1-5	\$600 per day, days 1-5
Inpatient, professional	CIF	CIF

### OTHER SERVICES

Emergency room, facility (waived if admitted)	\$150 per visit	\$350 per visit
Emergency room, professional	CIF	CIF
Urgent care center	\$15 per visit	\$30 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	\$30 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	

### PRESCRIPTION SERVICES (30-DAY SUPPLY)<sup>9</sup>

Tier 1	\$5	\$15
Tier 2	\$15	\$55
Tier 3	\$25	\$80
Tier 4	10% up to \$250 <sup>11</sup>	20% up to \$250 <sup>11</sup>

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

FOR THOSE UNDER 30 WHO  
DO NOT QUALIFY FOR TAX  
CREDIT

# 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*		
<b>MEDICAL DEDUCTIBLE<sup>1</sup></b>	SELF-ONLY COVERAGE	\$4,000	\$4,000	\$6,300	\$8,150
	INDIVIDUAL WITH FAMILY	\$4,000	\$4,000	\$6,300	\$8,150
	FAMILY COVERAGE	\$8,000	\$8,000	\$12,600	\$16,300
<b>PRESCRIPTION DEDUCTIBLE<sup>1</sup></b>	SELF-ONLY COVERAGE	\$300	\$300	\$500	Included in the medical deductible
	INDIVIDUAL WITH FAMILY	\$300	\$300	\$500	
	FAMILY COVERAGE	\$600	\$600	\$1,000	
<b>ANNUAL OUT-OF-POCKET MAXIMUM<sup>2</sup></b>	SELF-ONLY COVERAGE	\$7,800	\$7,800	\$7,800	\$8,150
	INDIVIDUAL WITH FAMILY	\$7,800	\$7,800	\$7,800	\$8,150
	FAMILY COVERAGE	\$15,600	\$15,600	\$15,600	\$16,300
<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 visits, primary care	\$40 per visit	\$40 per visit	\$65 per visit AD <sup>10</sup>	CIF AD <sup>10</sup>
	Office visits, specialist	\$80 per visit	\$80 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	\$40 per visit	\$40 per visit	\$40 per visit	CIF AD
	X-ray and diagnostic imaging	\$85 per visit	\$85 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
<b>HOSPITALIZATION SERVICES</b>					
	Hospital inpatient, facility	20% AD <sup>11</sup>	20% AD <sup>11</sup>	40% AD <sup>11</sup>	CIF AD
	Hospital inpatient, professional	20% <sup>11</sup>	20% <sup>11</sup>	40% AD <sup>11</sup>	CIF AD
<b>BEHAVIORAL HEALTH SERVICES Mental Health and Substance Abuse</b>					
	Office visits	\$40 per visit	\$40 per visit	\$65 per visit AD <sup>10</sup>	CIF AD <sup>10</sup>
	Outpatient services	CIF	CIF	CIF AD	CIF AD
	Inpatient, facility	20% AD <sup>11</sup>	20% AD <sup>11</sup>	40% AD <sup>11</sup>	CIF AD
	Inpatient, professional	20% <sup>11</sup>	20% <sup>11</sup>	40% AD <sup>11</sup>	CIF AD
<b>OTHER SERVICES</b>					
	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 center	\$40 per visit	\$40 per visit	\$65 per visit AD <sup>10</sup>	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>	\$40 per visit	\$40 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			
<b>PRESCRIPTION SERVICES (30-DAY SUPPLY)<sup>9</sup></b>					
	Tier 1	\$16 AD	\$16 AD	\$18 AD	CIF AD
	Tier 2	\$60 AD	\$60 AD	40% up to \$500 per prescription AD <sup>11</sup>	CIF AD
	Tier 3	\$90 AD	\$90 AD		CIF AD
	Tier 4	20% up to \$250 AD <sup>11</sup>	20% up to \$250 AD <sup>11</sup>		CIF AD



# BENEFIT COMPARISON

## HSA-COMPATIBLE HIGH-DEDUCTIBLE PLANS

		WHA BRONZE 60 HDHP HMO	ADVANTAGE WHA SILVER 4100 HDHP HMO	ADVANTAGE WHA BRONZE 6900 HDHP HMO
		FROM WHA DIRECT ONLY*		
<b>MEDICAL DEDUCTIBLE<sup>1</sup></b>	SELF-ONLY COVERAGE	\$6,900	\$4,100	\$6,900
	INDIVIDUAL WITH FAMILY	\$6,900	\$4,100	\$6,900
	FAMILY COVERAGE	\$13,800	\$8,200	\$13,800
<b>PRESCRIPTION DEDUCTIBLE<sup>1</sup></b>	SELF-ONLY COVERAGE	Included in the medical deductible	Included in the medical deductible	Included in the medical deductible
	INDIVIDUAL WITH FAMILY			
	FAMILY COVERAGE			
<b>ANNUAL OUT-OF-POCKET MAXIMUM<sup>2</sup></b>	SELF-ONLY COVERAGE	\$6,900	\$4,100	\$6,900
	INDIVIDUAL WITH FAMILY	\$6,900	\$4,100	\$6,900
	FAMILY COVERAGE	\$13,800	\$8,200	\$13,800
<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 visits, primary care	CIF AD	CIF AD	CIF AD
	Office 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
<b>HOSPITALIZATION SERVICES</b>				
	Hospital inpatient, facility	CIF AD	CIF AD	CIF AD
	Hospital inpatient, professional	CIF AD	CIF AD	CIF AD
<b>BEHAVIORAL HEALTH SERVICES</b> Mental Health and Substance Abuse				
	Office visits	CIF AD	CIF AD	CIF AD
	Outpatient services	CIF AD	CIF AD	CIF AD
	Inpatient, facility	CIF AD	CIF AD	CIF AD
	Inpatient, professional	CIF AD	CIF AD	CIF AD
<b>OTHER SERVICES</b>				
	Emergency room, facility (waived if admitted)	CIF AD	CIF AD	CIF AD
	Emergency room, professional	CIF AD	CIF AD	CIF AD
	Urgent care center	CIF AD	CIF AD	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		
<b>PRESCRIPTION SERVICES (30-DAY SUPPLY)<sup>9</sup></b>				
	Tier 1	CIF AD	CIF AD	CIF AD
	Tier 2	CIF AD	CIF AD	CIF AD
	Tier 3	CIF AD	CIF AD	CIF AD
	Tier 4	CIF AD	CIF AD	CIF AD

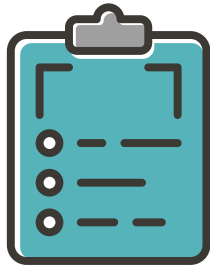
# BENEFIT COMPARISON

## 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*		
<b>MEDICAL DEDUCTIBLE<sup>1</sup></b>	SELF-ONLY COVERAGE	\$75	\$1,400	\$3,700
	INDIVIDUAL WITH FAMILY	\$75	\$1,400	\$3,700
	FAMILY COVERAGE	\$150	\$2,800	\$7,400
<b>PRESCRIPTION DEDUCTIBLE<sup>1</sup></b>	SELF-ONLY COVERAGE	None	\$100	\$275
	INDIVIDUAL WITH FAMILY	None	\$100	\$275
	FAMILY COVERAGE	None	\$200	\$550
<b>ANNUAL OUT-OF-POCKET MAXIMUM<sup>2</sup></b>	SELF-ONLY COVERAGE	\$1,000	\$2,700	\$6,500
	INDIVIDUAL WITH FAMILY	\$1,000	\$2,700	\$6,500
	FAMILY COVERAGE	\$2,000	\$5,400	\$13,000
<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 visits, primary care		\$5 per visit	\$15 per visit	\$35 per visit
Office visits, specialist		\$8 per visit	\$25 per visit	\$75 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	\$40 per visit
X-ray and diagnostic imaging		\$8 per visit	\$40 per visit	\$85 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>	15% AD <sup>11</sup>	20% AD <sup>11</sup>
Hospital inpatient, professional		10% <sup>11</sup>	15% <sup>11</sup>	20% <sup>11</sup>
<b>BEHAVIORAL HEALTH SERVICES Mental Health and Substance Abuse</b>				
Office visits		\$5 per visit	\$15 per visit	\$35 per visit
Outpatient services		CIF	CIF	CIF
Inpatient, facility		10% AD <sup>11</sup>	15% AD <sup>11</sup>	20% AD <sup>11</sup>
Inpatient, professional		10% <sup>11</sup>	15% <sup>11</sup>	20% <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 center		\$5 per visit	\$15 per visit	\$35 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	\$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 (30-DAY SUPPLY)<sup>9</sup></b>				
Tier 1		\$3	\$5	\$16 AD
Tier 2		\$10	\$25 AD	\$55 AD
Tier 3		\$15	\$45 AD	\$85 AD
Tier 4		10% up to \$150 <sup>11</sup>	15% up to \$150 AD <sup>11</sup>	20% up to \$250 AD <sup>11</sup>



## added value

### 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](https://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](https://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](https://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](https://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](https://mywha.org/wellness)

## FOOTNOTES

- 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.

we're here for you



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

**916.563.2250**

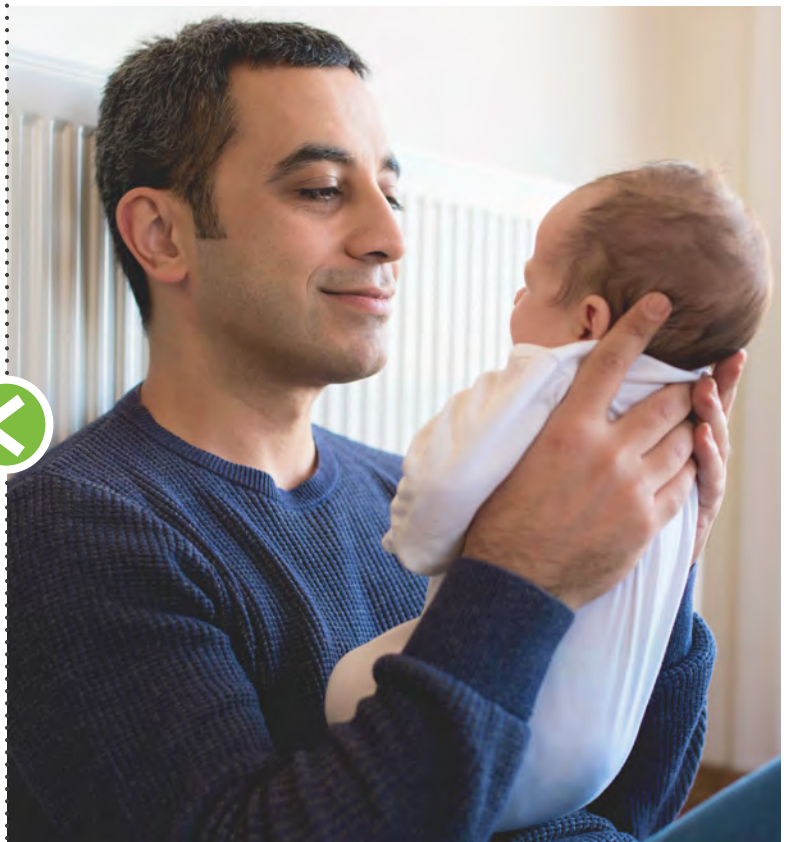
toll-free **888.563.2250**

TDD/TYY **888.877.5378**

[memberservices@westernhealth.com](mailto:memberservices@westernhealth.com)

2349 Gateway Oaks Drive, Suite 100

Sacramento, California 95833



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