westernhealth ADVANTAGE

PLAN COMPARISON

2027 • Large Group

(101+ 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.

Mercy Medical Group
A Service of Dignity Health Medical Foundation

Hill Physicians

Woodland Clinic
A Service of Dignity Health Medical Foundation

Providence

NorthBay HEALTH

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

Health Savings Account

The HealthEquity HSA gives members tax savings and the freedom to use health dollars for unreimbursed medical expenses. WHA offers a complimentary HSA to bundle with your high-deductible health plans (HDHP). This partnership offers a level of integration: a single source for enrollment for the employer and claims payments from the HSA for the member.

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.

BENEFIT COMPARISON

PREMIER PLANS

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

		PREMIER TRADITIONAL PLANS			
		0/10/0 HMO PRIME	0/15/0 HMO PRIME	0/20/0 HMO PRIME	0/40/0 HMO PRIME
MEDICAL DEDUCTIBLE[1]	SELF-ONLY COVERAGE	none			
	INDIVIDUAL WITH FAMILY				
	FAMILY COVERAGE				
PRESCRIPTION DEDUCTIBLE[1]	SELF-ONLY COVERAGE	based on pharmacy plan selected			
	INDIVIDUAL WITH FAMILY				
	FAMILY COVERAGE				
ANNUAL OUT-OF-POCKET MAXIMUM[2]	SELF-ONLY COVERAGE	$1,500	$1,500	$1,500	$1,500
	INDIVIDUAL WITH FAMILY	$1,500	$1,500	$1,500	$1,500
	FAMILY COVERAGE	$3,000	$3,000	$3,000	$3,000
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 SERVICES[3]					
Office or virtual visits, primary care • specialist		$10	$15	$20	$40
Annual vision exam, when provided by VSP		CIF	CIF	CIF	CIF
Outpatient surgery, office		$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
HOSPITALIZATION SERVICES					
Hospital inpatient, facility (days)		CIF	CIF	CIF	CIF
Hospital inpatient, professional		CIF	CIF	CIF	CIF
BEHAVIORAL HEALTH SERVICES MENTAL HEALTH & SUBSTANCE USE DISORDERS					
Office or virtual visits		$10	$15	$20	$40
Outpatient other services		CIF	CIF	CIF	CIF
Inpatient services, facility (days)		CIF	CIF	CIF	CIF
OTHER SERVICES					
Emergency room, facility fees (waived if admitted)		$100	$100	$100	$100
Urgent care virtual visit		$15	$20	$25	$45
Urgent care center		$20	$20	$35	$50
Ambulance services		CIF	CIF	CIF	CIF
Durable medical equipment[5]		20%[6]	20%[6]	20%[6]	20%[6]
Home health services, up to 100 visits		CIF	CIF	CIF	CIF
Acupuncture care, up to 20 visits[7]		$15	$15	$15	$15
Chiropractic care, up to 20 visits[7]		$15	$15	$15	$15
PRESCRIPTION DRUG PLAN					
Retail Pharmacy (30-day supply) TIER 1		see prescription drug plans (employer selects plan)			
Retail Pharmacy (30-day supply) TIER 2					
Retail Pharmacy (30-day supply) TIER 3					
Specialty Pharmacy (30-day supply) TIER 4					

BENEFIT COMPARISON

ADVANTAGE PLANS

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

		ADVANTAGE TRADITIONAL PLANS					
		0/15/250 HMO PRIME	0/20/250A HMO PRIME	0/25/500A HMO PRIME	0/20/500 HMO PRIME	0/20/30% HMO PRIME	0/40/30% HMO PRIME
MEDICAL DEDUCTIBLE[1]	SELF-ONLY COVERAGE	none					
	INDIVIDUAL WITH FAMILY						
	FAMILY COVERAGE						
PRESCRIPTION DEDUCTIBLE[1]	SELF-ONLY COVERAGE	based on pharmacy plan selected					
	INDIVIDUAL WITH FAMILY						
	FAMILY COVERAGE						
ANNUAL OUT-OF-POCKET MAXIMUM[2]	SELF-ONLY COVERAGE	$2,500	$2,500	$2,500	$2,500	$2,500	$2,500
	INDIVIDUAL WITH FAMILY	$2,500	$2,500	$2,500	$2,500	$2,500	$2,500
	FAMILY COVERAGE	$5,000	$5,000	$5,000	$5,000	$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 SERVICES[3]							
Office or virtual visits, primary care • specialist		$15 • $30	$20	$25	$20	$20	$40
Annual vision exam, when provided by VSP		CIF	CIF	CIF	CIF	CIF	CIF
Outpatient surgery, office		$15 • $30	$20	$25	$20	$20	$40
Outpatient surgery, facility		$100	$100	$100	$100	30%[6]	30%[6]
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
HOSPITALIZATION SERVICES							
Hospital inpatient, facility (days)		$250 (1-3)	$250	$500	$500 (1-5)	30%[6]	30%[6]
Hospital inpatient, professional		CIF	CIF	CIF	CIF	CIF	CIF
BEHAVIORAL HEALTH SERVICES MENTAL HEALTH & SUBSTANCE USE DISORDERS							
Office or virtual visits		$15	$20	$25	$20	$20	$40
Outpatient other services		CIF	CIF	CIF	CIF	CIF	CIF
Inpatient services, facility (days)		$250 (1-3)	$250	$500	$500 (1-5)	30%[6]	30%[6]
OTHER SERVICES							
Emergency room, facility fees (waived if admitted)		$100	$100	$100	$100	$100	$100
Urgent care virtual visit		$20	$25	$30	$25	$25	$45
Urgent care center		$50	$35	$35	$35	$50	$50
Ambulance services		CIF	CIF	CIF	CIF	CIF	CIF
Durable medical equipment[5]		20%[6]	20%[6]	20%[6]	20%[6]	20%[6]	20%[6]
Home health services, up to 100 visits		CIF	CIF	CIF	CIF	CIF	CIF
Acupuncture care, up to 20 visits[7]		$15	$15	$15	$15	$15	$15
Chiropractic care, up to 20 visits[7]		$15	$15	$15	$15	$15	$15
PRESCRIPTION DRUG PLANS							
Retail Pharmacy (30-day supply) TIER 1		see prescription drug plans (employer selects plan)					
Retail Pharmacy (30-day supply) TIER 2							
Retail Pharmacy (30-day supply) TIER 3							
Specialty Pharmacy (30-day supply) TIER 4							

BENEFIT COMPARISON

WESTERN PLANS

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

		WESTERN DEDUCTIBLE PLANS								
		1000/ 20/20% HMO PRIME	1000/ 40/500 HMO PRIME	2500/ 20/500 HMO PRIME	2500/ 40/500 HMO PRIME	2500/ 0/30% HMO PRIME	1500/ 20/20% HMO PRIME	2500/ 20/20% HMO PRIME	3000/ 30%/30% HMO PRIME	4500/ 50/40% HMO PRIME
MEDICAL DEDUCTIBLE[1]	SELF-ONLY COVERAGE	$1,000	$1,000	$2,500	$2,500	$2,500	$1,500	$2,500	$3,000	$4,500
	INDIVIDUAL WITH FAMILY	$1,000	$1,000	$2,500	$2,500	$2,500	$1,500	$2,500	$6,000	$4,500
	FAMILY COVERAGE	$2,000	$2,000	$5,000	$5,000	$5,000	$3,000	$5,000	$6,000	$9,000
PRESCRIPTION DEDUCTIBLE[1]	SELF-ONLY COVERAGE	based on pharmacy plan selected								
	INDIVIDUAL WITH FAMILY									
	FAMILY COVERAGE									
ANNUAL OUT-OF-POCKET MAXIMUM[2]	SELF-ONLY COVERAGE	$5,000	$5,000	$5,000	$5,000	$5,000	$3,000	$5,000	$6,000	$6,500
	INDIVIDUAL WITH FAMILY	$5,000	$5,000	$5,000	$5,000	$5,000	$3,000	$5,000	$6,000	$6,500
	FAMILY COVERAGE	$10,000	$10,000	$10,000	$10,000	$10,000	$6,000	$10,000	$12,000	$13,000
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 SERVICES[3]										
Office or virtual visits, primary care • specialist		$20	$40	$20	$40	CIF • $40	$20 AD	$20 AD	30% AD[6]	$50
Annual vision exam, when provided by VSP		CIF	CIF	CIF	CIF	CIF	CIF	CIF	CIF	CIF
Outpatient surgery, office		$20	$40	$20	$40	CIF	$20 AD	$20 AD	30% AD[6]	$50
Outpatient surgery, facility		$250 AD	$250 AD	$250 AD	$250 AD	30% AD[6]	20% AD[6]	20% AD[6]	30% AD[6]	40% AD[6]
Laboratory test • X-rays and diagnostic imaging		CIF	CIF	CIF	CIF	CIF • $15 AD	$15 AD	$15 AD	30% AD[6]	CIF AD
Imaging (CT/PET scans and MRIs)		CIF	CIF	CIF	CIF	$150 AD	$150 AD	$150 AD	30% AD[6]	CIF AD
HOSPITALIZATION SERVICES										
Hospital inpatient, facility (days)		20% AD[6]	$500 AD	$500 AD	$500 AD	30% AD[6]	20% AD[6]	20% AD[6]	30% AD[6]	40% AD[6]
Hospital inpatient, professional		20% AD[6]	CIF	CIF	CIF	30% AD[6]	20% AD[6]	20% AD[6]	30% AD[6]	40% AD[6]
BEHAVIORAL HEALTH SERVICES MENTAL HEALTH & SUBSTANCE USE DISORDERS										
Office or virtual visits		$20	$40	$20	$40	CIF	$20 AD	$20 AD	30% AD[6]	$50
Outpatient other services		CIF	CIF	CIF	CIF	CIF	20% AD[6]	20% AD[6]	30% AD[6]	CIF
Inpatient services, facility (days)		20% AD[6]	$500 AD	$500 AD	$500 AD	30% AD[6]	20% AD[6]	20% AD[6]	30% AD[6]	40% AD[6]
OTHER SERVICES										
Emergency room, facility fees (waived if admitted)		20% AD[6]	$100 AD	$100 AD	$100 AD	30% AD[6]	20% AD[6]	20% AD[6]	30% AD[6]	40% AD[6]
Urgent care virtual visit		$25	$45	$25	$45	CIF	$20 AD	$20 AD	$49	$49
Urgent care center		$50	$50	$50	$50	$50	$20 AD	$20 AD	30% AD[6]	$50
Ambulance services		CIF	CIF	CIF	CIF	CIF	CIF AD	CIF AD	CIF AD	40% AD[6]
Durable medical equipment[5]		20%[6]	20%[6]	20%[6]	20%[6]	20%[6]	20%[6]	20%[6]	30%[6]	40% AD[6]
Home health services, up to 100 visits		CIF	CIF	CIF	CIF	CIF	CIF AD	CIF AD	CIF AD	40% AD[6]
Acupuncture care, up to 20 visits[7]		$15	$15	$15	$15	$15	$15	$15	$15	$15
Chiropractic care, up to 20 visits[7]		$15	$15	$15	$15	$15	$15	$15	$15	$15
PRESCRIPTION DRUG PLANS										
Retail Pharmacy (30-day supply) TIER 1		see prescription drug plans (employer selects plan)								
Retail Pharmacy (30-day supply) TIER 2										
Retail Pharmacy (30-day supply) TIER 3										
Specialty Pharmacy (30-day supply) TIER 4										

BENEFIT COMPARISON

WESTERN HIGH-DEDUCTIBLE PLANS

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

WESTERN HSA-COMPATIBLE HIGH-DEDUCTIBLE PLANS

		1800/0/0 HDHP HMO PRIME	2800/0/0 HDHP HMO PRIME[9]	2800/40/500 HDHP HMO PRIME[9]	3000/30/30% HDHP HMO PRIME[9]	4000/40%/40% HDHP HMO PRIME[9]	5500/0/0 HDHP HMO PRIME[9]
MEDICAL DEDUCTIBLE[1]	SELF-ONLY COVERAGE	$1,800	$2,800	$2,800	$3,000	$4,000	$5,500
	INDIVIDUAL WITH FAMILY	$3,500	$3,500	$3,500	$3,500	$4,000	$5,500
	FAMILY COVERAGE	$3,600	$5,600	$5,600	$6,000	$8,000	$11,000
PRESCRIPTION DEDUCTIBLE[1]	SELF-ONLY COVERAGE	combined with medical					
	INDIVIDUAL WITH FAMILY						
	FAMILY COVERAGE						
ANNUAL OUT-OF-POCKET MAXIMUM[2]	SELF-ONLY COVERAGE	$3,600	$2,800	$6,500	$6,500	$6,500	$5,500
	INDIVIDUAL WITH FAMILY	$3,600	$3,500	$6,500	$6,500	$6,500	$5,500
	FAMILY COVERAGE	$7,200	$5,600	$13,000	$13,000	$13,000	$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 SERVICES[3]							
Office or virtual visits, primary care • specialist		CIF AD	CIF AD	$40 AD	$30 AD	40% AD[6]	CIF AD
Annual vision exam, when provided by VSP		CIF	CIF	CIF	CIF	CIF	CIF
Outpatient surgery, office		CIF AD	CIF AD	$40 AD	$30 AD	40% AD[6]	CIF AD
Outpatient surgery, facility		CIF AD	CIF AD	$250 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 (days)		CIF AD	CIF AD	$500 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 & SUBSTANCE USE DISORDERS							
Office or virtual visits		CIF AD	CIF AD	$40 AD	$30 AD	40% AD[6]	CIF AD
Outpatient other services		CIF AD	CIF AD	CIF AD	30% AD[6]	40% AD[6]	CIF AD
Inpatient services, facility (days)		CIF AD	CIF AD	$500 AD	30% AD[6]	40% AD[6]	CIF AD
OTHER SERVICES							
Emergency room, facility fees (waived if admitted)		CIF AD	CIF AD	$100 AD	30% AD[6]	40% AD[6]	CIF AD
Urgent care virtual visit		CIF AD	CIF AD	$45 AD	30% up to $35 AD[6]	40% up to $49 AD[6]	CIF AD
Urgent care center		CIF AD	CIF AD	$50 AD	30% AD	40% AD[6]	CIF AD
Ambulance services		CIF AD	CIF AD	CIF AD	30% AD[6]	40% AD[6]	CIF AD
Durable medical equipment[5]		CIF AD	CIF AD	20% AD[6]	30% AD[6]	40% AD[6]	CIF AD
Home health services, up to 100 visits		CIF AD	CIF AD	CIF AD	30% AD[6]	40% AD[6]	CIF AD
Acupuncture care, up to 20 visits[7]		CIF AD	CIF AD	CIF AD	CIF AD	CIF AD	CIF AD
Chiropractic care, up to 20 visits[7]		CIF AD	CIF AD	CIF AD	CIF AD	CIF AD	CIF AD
PRESCRIPTION DRUG PLANS							
Retail Pharmacy (30-day supply) TIER 1		CIF AD	CIF AD	$10 AD	$10 AD	40% up to $500 AD[6]	CIF AD
Retail Pharmacy (30-day supply) TIER 2		$30 AD		$30 AD	$30 AD		
Retail Pharmacy (30-day supply) TIER 3		$50 AD		$50 AD	$50 AD		
Specialty Pharmacy (30-day supply) TIER 4		$100 AD		$100 AD	$100 AD		

PRESCRIPTION DRUG PLANS

When offering a medical plan with WHA, the employer selects a prescription plan to accompany the medical plan (with the exception of an HSA-compatible, high-deductible health plan).

	Rx Classic	Rx Plus	Rx Base
Retail (30-day supply)			
TIER 1	$10	$15	$15
TIER 2	$30	$30, after $250 deductible[1]	$50
TIER 3	$50	$50, after $250 deductible[1]	$75
Home Delivery (100-day supply)[8]			
TIER 1	$20	$30	$30
TIER 2	$60	$60, after $250 deductible[1]	$100
TIER 3	$100	$100, after $250 deductible[1]	$150
Specialty (30-day supply)			
TIER 4	$100	$100, after $250 deductible[1]	$250

OPTIONAL BENEFIT PLANS

Employers may elect to offer additional benefits as a rider to round-out their medical plan offerings. Enrollment in the optional plan is concurrent to the medical plans offered. See plan documents for description of details, limitations and/or exclusions.

HEALTHY LIFESTYLE PROGRAM[9]

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

- Weight loss/management
- Diabetes prevention
- Smoking cessation
- Maven+ for family planning, parenthood, and well-being

SUSTAINABLE WEIGHT LOSS PROGRAM[10]

Weight Loss+ expands WHA's Sustainable Weight Loss Program to those with a BMI of 30-39. Includes personalized nutrition and lifestyle care, paired with appropriate GLP-1 support and expert medication management.

VISION PLANS[11]	VSP Advantage 12/12/24 $0	VSP Advantage 12/24/24 $20
Annual Vision Exam	12 months	12 months
Glasses copay	$0	$20
Lenses/Frames ($150 allowance)	12/24 months	24/24 months
Contact Lens Fit/Evaluation	up to $60	up to $60
Contacts ($150 allowance; in lieu of glasses)	12 months	24 months

HEARING AID PLANS[12]		
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

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 Percentage copayment amounts are based on WHA's contracted rates with the provider of service.

7 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.

8 The member only pays 2x the copay for a 100-day supply with home delivery. When filling a 90-day supply at retail, the member pays 3x the copay.

9 Healthy Lifestyle rider includes four coaching programs (weight loss, diabetes prevention, smoking cessation, Maven+) and is administered by Vitality.

10 The sustainable weight loss program is administered by Virta. For those with a BMI of 40 or higher, this program is included in the prescription drug plans. The Weight Loss+ rider expands the program eligibility to those with a lower BMI.

11 Vision plans are underwritten and administered by Vision Service Plan (VSP). Costs for vision materials do not contribute to the out-of-pocket maximum.

12 Hearing aid services are administered by TruHearing. Costs for hearing services, including hearing exam copayment and hearing aid costs, do not contribute to the out-of-pocket maximum.

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** to learn more about WHA's customer satisfaction ratings and annual provider survey results.

visit **choosewha.com/learnmore**

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