

westernhealth ADVANTAGE

PLAN COMPARISON

2027 • Small Group
(1 TO 100 EMPLOYEES)

quality care is at the top of our list

We trust the doctors to decide the best health care path for patients. It's what happens when a health plan is founded by doctors. We work closely with multiple medical groups, giving our members more choice when selecting from among our network of exceptional doctors and hospitals throughout Northern California.

our service area

WHA is licensed in the counties and ZIP codes represented in the list below. Refer to the facilities list to determine hospitals/medical centers in your area.

Colusa County partial coverage
95912

El Dorado County partial coverage
95613, 95614, 95619, 95623, 95633, 95634, 95635, 95636, 95651, 95656, 95664, 95667, 95672, 95682, 95684, 95709, 95726, 95762

Humboldt County partial coverage
95501, 95502, 95503, 95518, 95519, 95521, 95524, 95525, 95526, 95528, 95534, 95536, 95537, 95540, 95546, 95547, 95549, 95550, 95551, 95562, 95564, 95565, 95570, 95571, 95573

Marin County all ZIP codes

Napa County all ZIP codes

Placer County partial coverage
95602, 95603, 95604, 95626, 95631, 95648, 95650, 95658, 95661, 95663, 95668, 95677, 95678, 95681, 95703, 95713, 95722, 95736, 95746, 95747, 95765

Sacramento County all ZIP codes

Solano County all ZIP codes

Sonoma County all ZIP codes

Yolo County all ZIP codes

our medical groups

Search for doctors and facilities by using our online provider search at mywha.org/directory. Upon enrollment, members must select a primary care physician (PCP) close to home or work to allow reasonable access to care. A member's PCP is responsible for coordinating medical care. PCPs can treat most health care needs, but should a PCP determine that specialty care is needed, the member will be referred to an appropriate clinical provider. With WHA, you have access to specialists outside of your PCP's medical group with WHA's Advantage Referral program. Visit mywha.org/referral to learn more about referrals.

Hill Physicians

Hill Physicians
800.445.5747
hillphysicians.com

NorthBay HEALTH

NorthBay Health
707.646.5500
northbay.org

Mercy Medical Group
A Service of Dignity Health Medical Foundation

Mercy Medical Group
916.733.3333
mymercymedicalgroup.org

Providence

Providence Medical Network
888.432.5464
providence.org

Woodland Clinic
A Service of Dignity Health Medical Foundation

Woodland Clinic
530.668.2600
dhmf.org/woodland

A health plan should be there when you need it. At Western Health Advantage, we make access to quality care our highest priority.

our facilities



North Bay Area Facilities

1. **Healdsburg District Hospital**
   Healdsburg, CA 95448
2. **Providence Santa Rosa Memorial Hospital**
   Santa Rosa, CA 95405
3. **Petaluma Valley Hospital**
   Petaluma, CA 94954
4. **MarinHealth Medical Center**
   Greenbrae, CA 94904
5. **Sonoma Valley Hospital**
   Sonoma, CA 95476
6. **Queen of the Valley Medical Center**
   Napa, CA 94558

Solano County Facilities

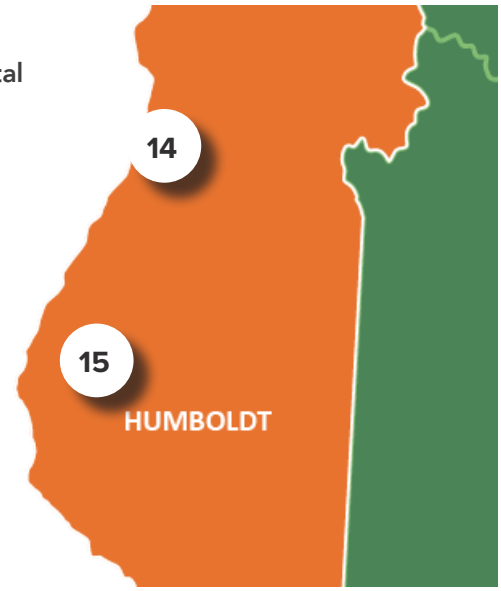
7. **NorthBay Medical Center**
   Fairfield, CA 94533
8. **NorthBay VacaValley Hospital**
   Vacaville, CA 95687

Sacramento Area Facilities

9. **Woodland Memorial Hospital**
   Woodland, CA 95695
10. **Mercy General Hospital**
    Sacramento, CA 95819
11. **Methodist Hospital of Sacramento**
    Sacramento, CA 95823
12. **Mercy San Juan Hospital**
    Carmichael, CA 95608
13. **Mercy Hospital of Folsom**
    Folsom, CA 95630

Humboldt County Facilities

14. **Providence St. Joseph Hospital Eureka**
    Eureka, CA 95501
15. **Providence Redwood Memorial Hospital**
    Fortuna, CA 95540



we offer extensive plan options

All WHA small group plans 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 platinum, gold, silver or bronze to help you compare options.

WHA offers employers three types of plans

- Traditional (fixed copays without reaching a deductible first)
- Deductible (fixed costs for office visits with some services needing a deductible)
- HSA-compatible high-deductible (when bundled with a health savings account, HDHPs allow members to build funds to pay for out-of-pocket expenses).

The following plan comparisons may assist employers with their plan offering decisions:



- Available Direct from WHA – including Gateway plans that are unique to WHA, and small group mirror plans to those offered on the state's exchange, Covered California for Small Business (CCSB)
- Available in CalChoice – including Sierra plans that are unique to the CalChoice offering, and Capital plans, mirrored to CCSB
- Available in Covered California for Small Business – includes Covered California standard plans and two alternate plans

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.

DIRECT FROM WHA

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

		TRADITIONAL PLANS				
		WHA PLATINUM 90 HMO 0/25 PCP + CHILD DENTAL	GATEWAY 20 PLATINUM 90 HMO	GATEWAY 30 PLATINUM 90 HMO	WHA PLATINUM 90 HMO 0/20 PCP + CHILD DENTAL ALT	GATEWAY 40 GOLD 80 HMO
MEDICAL DEDUCTIBLE[1]	SELF-ONLY COVERAGE	N/A	N/A	N/A	N/A	N/A
	INDIVIDUAL WITH FAMILY					
	FAMILY COVERAGE					
PRESCRIPTION DEDUCTIBLE[1]	SELF-ONLY COVERAGE	N/A	N/A	N/A	N/A	N/A
	INDIVIDUAL WITH FAMILY					
	FAMILY COVERAGE					
ANNUAL OUT-OF-POCKET MAXIMUM[2]	SELF-ONLY COVERAGE	$5,000	$5,500	$5,500	$5,500	$8,750
	INDIVIDUAL WITH FAMILY	$5,000	$5,500	$5,500	$5,500	$8,750
	FAMILY COVERAGE	$10,000	$11,000	$11,000	$11,000	$17,500
PREVENTIVE CARE SERVICES[3, 4]						
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[3]						
Office or virtual visits, primary care		$25	$20	$30	$20	$40
Office or virtual visits, specialist		$40	$40	$30	$20	$80
Annual adult vision exam[7]		not covered	CIF	CIF	CIF	CIF
Hearing examinations		not covered	CIF	CIF	CIF	CIF
Outpatient surgery, facility		$100	$300	$300	$300	$300
Outpatient surgery, professional		$35	CIF	CIF	CIF	CIF
Laboratory tests		$20	CIF	CIF	CIF	$40
X-ray and diagnostic imaging		$35	$20	CIF	CIF	$60
Imaging (CT/PET scans and MRIs)		$150	$300	$300	$300	$300
HOSPITALIZATION SERVICES						
Hospital inpatient, facility (days)		$300 (1-5)	$500 per admission	$300 (1-3)	30%[10]	$600 per day
Hospital inpatient, professional		CIF	CIF	CIF	CIF	CIF
MENTAL HEALTH & SUBSTANCE USE DISORDERS						
Office or virtual visits		$25	$20	$30	$20	$40
Outpatient other services		CIF	CIF	CIF	CIF	CIF
Inpatient services, facility (days)		$300 (1-5)	$500 per admission	$300 (1-3)	30%[10]	$600 per day
OTHER SERVICES						
Emergency room, facility (waived if admitted)		$250	$300	$300	$150	$300
Emergency room, professional		CIF	CIF	CIF	CIF	CIF
Urgent care virtual visit		$25	$25	$35	$25	$45
Urgent care center		$25	$50	$50	$50	$100
Ambulance services		$150	CIF	CIF	CIF	CIF
Durable medical equipment[5]		10%[10]	20%[10]	20%[10]	20%[10]	20%[10]
Home health services, up to 100 visits		$20	CIF	CIF	CIF	CIF
Acupuncture[6]		$25	$15	$15	$15	$15
Chiropractic, up to 20 visits[6]		not covered	$15	$15	$15	$15
Pediatric (up to 19) vision[7]		Vision exam/eyewear at no cost				
Pediatric (up to 19) dental[8]		Diagnostic and preventive dental care at no cost; see additional benefit info				
PRESCRIPTION SERVICES[9]						
Retail Pharmacy (30-day supply) TIER 1		$10	$10	$10	$10	$20
Retail Pharmacy (30-day supply) TIER 2		$25	$40	$40	$40	$50
Retail Pharmacy (30-day supply) TIER 3		$40	$60	$60	$60	$75
Retail Pharmacy (30-day supply) TIER 4		10%, up to $250[10]	20%, up to $250[10]	20%, up to $250[10]	20%, up to $250[10]	20%, up to $250[10]

DIRECT FROM WHA

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

		DEDUCTIBLE PLANS		
		WHA GOLD 80 HMO 325/40 PCP + CHILD DENTAL	WHA GOLD 80 HMO 1000/40 PCP + CHILD DENTAL ALT	GATEWAY 4020 GOLD 80 HMO
MEDICAL DEDUCTIBLE[1]	SELF-ONLY COVERAGE	$325	$1,000	$1,750
	INDIVIDUAL WITH FAMILY	$325	$1,000	$1,750
	FAMILY COVERAGE	$650	$2,000	$3,500
PRESCRIPTION DEDUCTIBLE[1]	SELF-ONLY COVERAGE	N/A	$500	$250
	INDIVIDUAL WITH FAMILY		$500	$250
	FAMILY COVERAGE		$1,000	$500
ANNUAL OUT-OF-POCKET MAXIMUM[2]	SELF-ONLY COVERAGE	$8,600	$8,500	$8,500
	INDIVIDUAL WITH FAMILY	$8,600	$8,500	$8,500
	FAMILY COVERAGE	$17,200	$17,000	$17,000
PREVENTIVE CARE SERVICES[3, 4]				
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[3]				
Office or virtual visits, primary care		$40	$40	$40
Office or virtual visits, specialist		$60	$60	$60
Annual adult vision exam[7]		not covered	CIF	CIF
Hearing examinations		not covered	CIF	CIF
Outpatient surgery, facility		$300 AD	$500 AD	$500 AD
Outpatient surgery, professional		$40	CIF	CIF
Laboratory tests		$40	CIF	CIF
X-ray and diagnostic imaging		$60	$40	CIF
Imaging (CT/PET scans and MRIs)		$350 AD	$300	$300
HOSPITALIZATION SERVICES				
Hospital inpatient, facility (days)		$600 AD (1-5)	$500 AD (1-5)	%400 AD (1-5)
Hospital inpatient, professional		CIF	CIF	CIF
MENTAL HEALTH & SUBSTANCE USE DISORDERS				
Office or virtual visits		$40	$40	$40
Outpatient other services		CIF	CIF	CIF
Inpatient services, facility (days)		$600 AD (1-5)	$500 AD (1-5)	$500 AD (1-5)
OTHER SERVICES				
Emergency room, facility (waived if admitted)		$300 AD	$300 AD	$300 AD
Emergency room, professional		CIF	CIF	CIF
Urgent care virtual visit		$40	$45	$45
Urgent care center		$40	$50	$50
Ambulance services		$250 AD	CIF	CIF
Durable medical equipment[5]		20%[10]	20%[10]	20%[10]
Home health services, up to 100 visits		$30	CIF	CIF
Acupuncture[6]		$60	$15	$15
Chiropractic, up to 20 visits[6]		not covered	$15	$15
Pediatric (up to 19) vision[7]		Vision exam/eyewear at no cost		
Pediatric (up to 19) dental[8]		Diagnostic and preventive dental care at no cost; see additional benefit info		
PRESCRIPTION SERVICES[9]				
Retail Pharmacy (30-day supply) TIER 1		$15	$10	$10
Retail Pharmacy (30-day supply) TIER 2		$50	$50 AD Rx	$50 AD Rx
Retail Pharmacy (30-day supply) TIER 3		$70	$75 AD Rx	$75 AD Rx
Retail Pharmacy (30-day supply) TIER 4		20%, up to $250[10]	20%, up to $250 Rx[10]	20%, up to $250 AD Rx[10]

DIRECT FROM WHA

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

		DEDUCTIBLE PLANS		
		WHA SILVER 70 HMO 2500/60 PCP + CHILD DENTAL	GATEWAY 5025 SILVER 70 HMO	WHA BRONZE 60 HMO 5800/60 PCP + CHILD DENTAL
MEDICAL DEDUCTIBLE[1]	SELF-ONLY COVERAGE	$2,500	$2,500	$5,800
	INDIVIDUAL WITH FAMILY	$2,500	$2,500	$5,800
	FAMILY COVERAGE	$5,000	$5,000	$11,600
PRESCRIPTION DEDUCTIBLE[1]	SELF-ONLY COVERAGE	$350	$500	$450
	INDIVIDUAL WITH FAMILY	$350	$500	$450
	FAMILY COVERAGE	$700	$1,000	$900
ANNUAL OUT-OF-POCKET MAXIMUM[2]	SELF-ONLY COVERAGE	$9,200	$11,000	$11,650
	INDIVIDUAL WITH FAMILY	$9,200	$11,000	$11,650
	FAMILY COVERAGE	$18,400	$22,000	$23,300
PREVENTIVE CARE SERVICES[3, 4]				
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[3]				
Office or virtual visits, primary care		$60	$50	$60
Office or virtual visits, specialist		$90	$50	$100 AD
Annual adult vision exam[7]		not covered	CIF	not covered
Hearing examinations		not covered	CIF	not covered
Outpatient surgery, facility		40% AD[10]	$500 AD	40% AD[10]
Outpatient surgery, professional		40%[10]	CIF	40% AD[10]
Laboratory tests		$55	$50	$50
X-ray and diagnostic imaging		$90	$80	40% AD[10]
Imaging (CT/PET scans and MRIs)		$300 AD	$500 AD	40% AD[10]
HOSPITALIZATION SERVICES				
Hospital inpatient, facility (days)		40% AD[10]	30% AD[10]	40% AD[10]
Hospital inpatient, professional		40%[10]	CIF	40% AD[10]
MENTAL HEALTH & SUBSTANCE USE DISORDERS				
Office or virtual visits		$60	$50	$60
Outpatient other services		40%, up to $60[10]	CIF	40%, up to $60[10]
Inpatient services, facility (days)		40% AD[10]	30% AD[10]	40% AD[10]
OTHER SERVICES				
Emergency room, facility (waived if admitted)		40% AD[10]	30% AD[10]	40% AD[10]
Emergency room, professional		CIF	CIF	CIF
Urgent care virtual visit		up to $60	$49	$49
Urgent care center		$60	$50	$60
Ambulance services		40% AD[10]	CIF	40% AD[10]
Durable medical equipment[5]		40%[10]	20%[10]	40% AD[10]
Home health services, up to 100 visits		$45	CIF	40% AD[10]
Acupuncture[6]		$60	$15	$60
Chiropractic, up to 20 visits[6]		not covered	$15	not covered
Pediatric (up to 19) vision[7]		Vision exam/eyewear at no cost		
Pediatric (up to 19) dental[8]		Diagnostic and preventive dental care at no cost; see additional benefit info		
PRESCRIPTION SERVICES[9]				
Retail Pharmacy (30-day supply) TIER 1		$20	$25	$20
Retail Pharmacy (30-day supply) TIER 2		$90 AD Rx	30%, up to $250 AD Rx[10]	40%, up to $500 AD Rx[10]
Retail Pharmacy (30-day supply) TIER 3		$110 AD Rx	30%, up to $250 AD Rx[10]	40%, up to $500 AD Rx[10]
Retail Pharmacy (30-day supply) TIER 4		30%, up to $250 AD Rx[10]	30%, up to $250 AD Rx[10]	40%, up to $500 AD Rx[10]

DIRECT FROM WHA

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

		HSA-COMPATIBLE HIGH-DEDUCTIBLE PLANS				
		GATEWAY 1750 PLATINUM 90 HDHP HMO	GATEWAY 3300 GOLD 80 HDHP HMO	GATEWAY 1750 GOLD 80 HDHP HMO	WHA SILVER 70 HDHP HMO 3200/25% PCP + CHILD DENTAL	GATEWAY 7800 BRONZE 60 HDHP HMO
MEDICAL DEDUCTIBLE[1]	SELF-ONLY COVERAGE	$1,750	$3,300	$1,750	$3,200	$7,800
	INDIVIDUAL WITH FAMILY	$3,500	$3,500	$3,500	$3,500	$7,800
	FAMILY COVERAGE	$3,500	$6,600	$3,500	$6,400	$15,600
PRESCRIPTION DEDUCTIBLE[1]	SELF-ONLY COVERAGE	Included in the medical deductible				
	INDIVIDUAL WITH FAMILY					
	FAMILY COVERAGE					
ANNUAL OUT-OF-POCKET MAXIMUM[2]	SELF-ONLY COVERAGE	$3,500	$6,000	$6,000	$8,700	$7,800
	INDIVIDUAL WITH FAMILY	$3,500	$6,000	$6,000	$8,700	$7,800
	FAMILY COVERAGE	$7,000	$12,000	$12,000	$17,400	$15,600
PREVENTIVE CARE SERVICES[3, 4]						
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[3]						
Office or virtual visits, primary care		CIF AD	CIF AD	20% AD[10]	25% AD[10]	CIF AD
Office or virtual visits, specialist		CIF AD	CIF AD	20% AD[10]	25% AD[10]	CIF AD
Annual adult vision exam[7]		CIF	CIF	CIF	CIF	CIF
Hearing examinations		CIF	CIF	CIF	CIF	CIF
Outpatient surgery, facility		CIF AD	CIF AD	20% AD[10]	25% AD[10]	CIF AD
Outpatient surgery, professional		CIF AD	CIF AD	20% AD[10]	25% AD[10]	CIF AD
Laboratory tests		CIF AD	CIF AD	20% AD[10]	25% AD[10]	CIF AD
X-ray and diagnostic imaging		CIF AD	CIF AD	20% AD[10]	25% AD[10]	CIF AD
Imaging (CT/PET scans and MRIs)		CIF AD	CIF AD	20% AD[10]	25% AD[10]	CIF AD
HOSPITALIZATION SERVICES						
Hospital inpatient, facility		CIF AD	CIF AD	20% AD[10]	25% AD[10]	CIF AD
Hospital inpatient, professional		CIF AD	CIF AD	20% AD[10]	25% AD[10]	CIF AD
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders						
Office or virtual visits		CIF AD	CIF AD	20% AD[10]	25% AD[10]	CIF AD
Outpatient other services		CIF AD	CIF AD	20% AD[10]	25% AD[10]	CIF AD
Inpatient services, facility		CIF AD	CIF AD	20% AD[10]	25% AD[10]	CIF AD
OTHER SERVICES						
Emergency room, facility (waived if admitted)		CIF AD	CIF AD	20% AD[10]	25% AD[10]	CIF AD
Emergency room, professional		CIF AD	CIF AD	20% AD[10]	CIF AD	CIF AD
Urgent care virtual visit		CIF AD	CIF AD	20% AD[10]	25% AD[10]	CIF AD
Urgent care center		CIF AD	CIF AD	20% AD[10]	25% AD[10]	CIF AD
Ambulance services		CIF AD	CIF AD	20% AD[10]	25% AD[10]	CIF AD
Durable medical equipment[5]		CIF AD	CIF AD	20% AD[10]	25% AD[10]	CIF AD
Home health services, up to 100 visits		CIF AD	CIF AD	20% AD[10]	25% AD[10]	CIF AD
Acupuncture[6]		CIF AD	CIF AD	CIF AD	25% AD[10]	CIF AD
Chiropractic, up to 20 visits[6]		CIF AD	CIF AD	CIF AD	CIF AD	CIF AD
Pediatric (up to 19) vision[7]		Vision exam/eyewear at no cost				
Pediatric (up to 19) dental[8]		Diagnostic and preventive dental care at no cost; see additional benefit info				
PRESCRIPTION SERVICES[9]						
TIER 1: Retail Pharmacy/Home Delivery		CIF AD	CIF AD	$10 AD	25%, up to $250 AD[10]	CIF AD
TIER 2: Retail Pharmacy/Home Delivery		CIF AD	$40 AD	$40 AD	25%, up to $250 AD[10]	CIF AD
TIER 3: Retail Pharmacy/Home Delivery		$40 AD	$60 AD	$60 AD	25%, up to $250 AD[10]	CIF AD
TIER 4: 30-day supply		$100 AD	20%, up to $250 AD[10]	20%, up to $250 AD[10]	25%, up to $250 AD[10]	CIF AD

AVAILABLE IN CALCHOICE

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

		TRADITIONAL PLANS			
		SIERRA 20/30% PLATINUM 90 HMO	SIERRA 20 PLATINUM 90 HMO	CAPITAL 25 PLATINUM 90 HMO	SIERRA 40 GOLD 80 HMO
MEDICAL DEDUCTIBLE[1]	SELF-ONLY COVERAGE INDIVIDUAL WITH FAMILY FAMILY COVERAGE	N/A	N/A	none	N/A
PRESCRIPTION DEDUCTIBLE[1]	SELF-ONLY COVERAGE INDIVIDUAL WITH FAMILY FAMILY COVERAGE	N/A	N/A	none	N/A
ANNUAL OUT-OF-POCKET MAXIMUM[2]	SELF-ONLY COVERAGE	$5,000	$5,500	$4,000	$8,750
	INDIVIDUAL WITH FAMILY	$5,000	$5,500	$4,000	$8,750
	FAMILY COVERAGE	$10,000	$11,000	$8,000	$17,500
PREVENTIVE CARE SERVICES[3, 4]					
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[3]					
Office or virtual visits, primary care		$25	$20	$20	$40
Office or virtual visits, specialist		$40	$40	$20	$80
Annual adult vision exam[7]		not covered	CIF	CIF	CIF
Hearing examinations		not covered	CIF	CIF	CIF
Outpatient surgery, facility		$100	$300	$300	$300
Outpatient surgery, professional		$35	CIF	CIF	CIF
Laboratory tests		$20	CIF	CIF	$40
X-ray and diagnostic imaging		$35	$20	CIF	$60
Imaging (CT/PET scans and MRIs)		$150	$300	$300	$300
HOSPITALIZATION SERVICES					
Hospital inpatient, facility (days)		$300 (1-5)	$500 per admission	30%[10]	$600 per day
Hospital inpatient, professional		CIF	CIF	CIF	CIF
MENTAL HEALTH & SUBSTANCE USE DISORDERS					
Office or virtual visits		$25	$20	$20	$40
Outpatient other services		CIF	CIF	CIF	CIF
Inpatient services, facility (days)		$300 (1-5)	$500 per admission	30%[10]	$600 per day
OTHER SERVICES					
Emergency room, facility (waived if admitted)		$250	$300	$150	$300
Emergency room, professional		CIF	CIF	CIF	CIF
Urgent care virtual visit		$25	$25	$25	$45
Urgent care center		$25	$50	$50	$100
Ambulance services		$150	CIF	CIF	CIF
Durable medical equipment[5]		10%[10]	20%[10]	20%[10]	20%[10]
Home health services, up to 100 visits		$20	CIF	CIF	CIF
Acupuncture[6]		$25	$15	$15	$15
Chiropractic, up to 20 visits[6]		not covered	$15	$15	$15
Pediatric (up to 19) vision[7]		Vision exam/eyewear at no cost			
Pediatric (up to 19) dental[8]		Diagnostic and preventive dental care at no cost; see additional benefit info			
PRESCRIPTION SERVICES[9]					
Retail Pharmacy (30-day supply) TIER 1		$10	$10	$10	$20
Retail Pharmacy (30-day supply) TIER 2		$25	$40	$40	$50
Retail Pharmacy (30-day supply) TIER 3		$40	$60	$60	$75
Retail Pharmacy (30-day supply) TIER 4		10%, up to $250[10]	20%, up to $250[10]	20%, up to $250[10]	20%, up to $250[10]

AVAILABLE IN CALCHOICE

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

		DEDUCTIBLE PLANS				
		CAPITAL 325 GOLD 80 HMO	SIERRA 4010 GOLD 80 HMO	CAPITAL 2500 SILVER 70 HMO	SIERRA 5025 SILVER 70 HMO	CAPITAL 5800 BRONZE 60 HMO
MEDICAL DEDUCTIBLE[1]	SELF-ONLY COVERAGE	$325	$1,000	$2,500	$2,500	$5,800
	INDIVIDUAL WITH FAMILY	$325	$1,000	$2,500	$2,500	$5,800
	FAMILY COVERAGE	$650	$2,000	$5,000	$5,000	$11,600
PRESCRIPTION DEDUCTIBLE[1]	SELF-ONLY COVERAGE	N/A	$500	$350	$500	$450
	INDIVIDUAL WITH FAMILY		$500	$350	$500	$450
	FAMILY COVERAGE		$1,000	$700	$1,000	$900
ANNUAL OUT-OF-POCKET MAXIMUM[2]	SELF-ONLY COVERAGE	$8,600	$8,500	$9,200	$11,000	$11,650
	INDIVIDUAL WITH FAMILY	$8,600	$8,500	$9,200	$11,000	$11,650
	FAMILY COVERAGE	$17,200	$17,000	$18,400	$22,000	$23,300
PREVENTIVE CARE SERVICES[3, 4]						
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[3]						
Office or virtual visits, primary care		$40	$40	$60	$50	$60
Office or virtual visits, specialist		$60	$60	$90	$50	$100 AD
Annual adult vision exam[7]		not covered	CIF	not covered	CIF	not covered
Hearing examinations		not covered	CIF	not covered	CIF	not covered
Outpatient surgery, facility		$300 AD	$500 AD	40% AD[10]	$500 AD	40% AD[10]
Outpatient surgery, professional		$40	CIF	40%[10]	CIF	40% AD[10]
Laboratory tests		$40	CIF	$55	$50	$50
X-ray and diagnostic imaging		$60	$40	$90	$80	40% AD[10]
Imaging (CT/PET scans and MRIs)		$350 AD	$300	$300 AD	$500 AD	40% AD[10]
HOSPITALIZATION SERVICES						
Hospital inpatient, facility (days)		$600 AD (1-5)	$500 AD (1-5)	40% AD[10] (1-5)	30% AD[10]	40% AD[10]
Hospital inpatient, professional		CIF	CIF	40%[10]	CIF	40% AD[10]
MENTAL HEALTH & SUBSTANCE USE DISORDERS						
Office or virtual visits		$40	$40	$60	$50	$60
Outpatient other services		CIF	CIF	40%, up to $60[10]	CIF	40%, up to $60[10]
Inpatient services, facility (days)		$600 AD (1-5)	$500 AD (1-5)	40% AD[10]	30% AD[10]	40% AD[10]
OTHER SERVICES						
Emergency room, facility (waived if admitted)		$300 AD	$300 AD	40% AD[10]	30% AD[10]	40% AD[10]
Emergency room, professional		CIF	CIF	CIF	CIF	CIF
Urgent care virtual visit		$40	$45	up to $60	$49	$49
Urgent care center		$40	$50	$60	$50	$60
Ambulance services		$250 AD	CIF	40% AD[10]	CIF	40% AD[10]
Durable medical equipment[5]		20%[10]	20%[10]	40%[10]	20%[10]	40% AD[10]
Home health services, up to 100 visits		$30	CIF	$45	CIF	40% AD[10]
Acupuncture[6]		$60	$15	$60	$15	$60
Chiropractic, up to 20 visits[6]		not covered	$15	not covered	$15	not covered
Pediatric (up to 19) vision[7]		Vision exam/eyewear at no cost				
Pediatric (up to 19) dental[8]		Diagnostic and preventive dental care at no cost; see additional benefit info				
PRESCRIPTION SERVICES[9]						
Retail Pharmacy (30-day supply) TIER 1		$15	$10	$20	$25	$20
Retail Pharmacy (30-day supply) TIER 2		$50	$50 AD	$90 AD Rx	30%, up to $250 AD Rx[10]	40%, up to $500 AD Rx[10]
Retail Pharmacy (30-day supply) TIER 3		$70	$75 AD	$110 AD Rx	30% ,up to $250 AD Rx[10]	40%, up to $500 AD Rx[10]
Retail Pharmacy (30-day supply) TIER 4		20%, up to $250[10]		30%, up to $250 AD Rx[10]		40%, up to $500 AD Rx[10]

AVAILABLE IN CALCHOICE

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

		HSA-COMPATIBLE HIGH-DEDUCTIBLE PLANS		
		SIERRA 3300 GOLD 80 HDHP HMO	SIERRA 3200 SILVER 70 HDHP HMO	SIERRA 7800 BRONZE 60 HDHP HMO
MEDICAL DEDUCTIBLE[1]	SELF-ONLY COVERAGE	$3,300	$3,200	$7,800
	INDIVIDUAL WITH FAMILY	$3,500	$3,500	$7,800
	FAMILY COVERAGE	$6,600	$6,400	$15,600
PRESCRIPTION DEDUCTIBLE[1]	SELF-ONLY COVERAGE	included in the medical deductible		
	INDIVIDUAL WITH FAMILY			
	FAMILY COVERAGE			
ANNUAL OUT-OF-POCKET MAXIMUM[2]	SELF-ONLY COVERAGE	$6,000	$8,700	$7,800
	INDIVIDUAL WITH FAMILY	$6,000	$8,700	$7,800
	FAMILY COVERAGE	$12,000	$17,400	$15,600
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		CIF AD	25% AD[10]	CIF AD
Office or virtual visits, specialist		CIF AD	25% AD[10]	CIF AD
Annual adult vision exam[7]		CIF	CIF	CIF
Hearing examinations		CIF	CIF	CIF
Outpatient surgery, facility		CIF AD	25% AD[10]	CIF AD
Outpatient surgery, professional		CIF AD	25% AD[10]	CIF AD
Laboratory tests		CIF AD	25% AD[10]	CIF AD
X-ray and diagnostic imaging		CIF AD	25% AD[10]	CIF AD
Imaging (CT/PET scans and MRIs)		CIF AD	25% AD[10]	CIF AD
HOSPITALIZATION SERVICES				
Hospital inpatient, facility		CIF AD	25% AD[10]	CIF AD
Hospital inpatient, professional		CIF AD	25% AD[10]	CIF AD
MENTAL HEALTH & SUBSTANCE USE DISORDERS				
Office or virtual visits		CIF AD	25% AD[10]	CIF AD
Outpatient other services		CIF AD	25% AD[10]	CIF AD
Inpatient services, facility		CIF AD	25% AD[10]	CIF AD
OTHER SERVICES				
Emergency room, facility (waived if admitted)		CIF AD	25% AD[10]	CIF AD
Emergency room, professional		CIF AD	CIF AD	CIF AD
Urgent care virtual visit		CIF AD	25% AD[10]	CIF AD
Urgent care center		CIF AD	25% AD[10]	CIF AD
Ambulance services		CIF AD	25% AD[10]	CIF AD
Durable medical equipment[5]		CIF AD	25% AD[10]	CIF AD
Home health services, up to 100 visits		CIF AD	25% AD[10]	CIF AD
Acupuncture[6]		CIF AD	25% AD[10]	CIF AD
Chiropractic, up to 20 visits[6]		CIF AD	CIF AD	CIF AD
Pediatric (up to 19) vision[7]		Vision exam/eyewear at no cost		
Pediatric (up to 19) dental[8]		Diagnostic and preventive dental care at no cost; see additional benefit info		
PRESCRIPTION SERVICES[9]				
Retail Pharmacy (30-day supply) TIER 1		CIF AD	25%, up to $250 AD[10]	CIF AD
Retail Pharmacy (30-day supply) TIER 2		$40 AD	25%, up to $250 AD[10]	CIF AD
Retail Pharmacy (30-day supply) TIER 3		$60 AD	25%, up to $250 AD[10]	CIF AD
Retail Pharmacy (30-day supply) TIER 4		20%, up to $250 AD[10]	25%, up to $250 AD[10]	CIF AD

OFFERED IN CCSB

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

		TRADITIONAL PLANS	
		WHA PLATINUM 90 HMO 0/25 PCP + CHILD DENTAL	WHA PLATINUM 90 HMO 0/20 PCP + CHILD DENTAL ALT
MEDICAL DEDUCTIBLE[1]	SELF-ONLY COVERAGE	N/A	N/A
	INDIVIDUAL WITH FAMILY		
	FAMILY COVERAGE		
PRESCRIPTION DEDUCTIBLE[1]	SELF-ONLY COVERAGE	N/A	N/A
	INDIVIDUAL WITH FAMILY		
	FAMILY COVERAGE		
ANNUAL OUT-OF-POCKET MAXIMUM[2]	SELF-ONLY COVERAGE	$5,000	$5,500
	INDIVIDUAL WITH FAMILY	$5,000	$5,500
	FAMILY COVERAGE	$10,000	$11,000
PREVENTIVE CARE SERVICES[3, 4]			
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[3]			
Office or virtual visits, primary care		$25	$20
Office or virtual visits, specialist		$40	$20
Annual adult vision exam[7]		not covered	CIF
Hearing examinations		not covered	CIF
Outpatient surgery, facility		$100	$300
Outpatient surgery, professional		$35	CIF
Laboratory tests		$20	CIF
X-ray and diagnostic imaging		$35	CIF
Imaging (CT/PET scans and MRIs)		$150	$300
HOSPITALIZATION SERVICES			
Hospital inpatient, facility (days)		$300 (1-5)	30%[10]
Hospital inpatient, professional		CIF	CIF
MENTAL HEALTH & SUBSTANCE USE DISORDERS			
Office or virtual visits		$25	$20
Outpatient other services		CIF	CIF
Inpatient services, facility (days)		$300 (1-5)	30%[10]
OTHER SERVICES			
Emergency room, facility (waived if admitted)		$250	$150
Emergency room, professional		CIF	CIF
Urgent care virtual visit		$25	$25
Urgent care center		$25	$50
Ambulance services		$150	CIF
Durable medical equipment[5]		10%[10]	20%[10]
Home health services, up to 100 visits		$20	CIF
Acupuncture[6]		$25	$15
Chiropractic, up to 20 visits[6]		not covered	$15
Pediatric (up to 19) vision[7]		Vision exam/eyewear at no cost	
Pediatric (up to 19) dental[8]		Diagnostic and preventive dental care at no cost; see additional benefit info	
PRESCRIPTION SERVICES[9]			
Retail Pharmacy (30-day supply) TIER 1		$10	$10
Retail Pharmacy (30-day supply) TIER 2		$25	$40
Retail Pharmacy (30-day supply) TIER 3		$40	$60
Retail Pharmacy (30-day supply) TIER 4		10%, up to $250[10]	20%, up to $250[10]

OFFERED IN CCSB

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

		DEDUCTIBLE PLANS			
		WHA GOLD 80 HMO 325/40 PCP + CHILD DENTAL	WHA GOLD 80 HMO 1000/40 PCP + CHILD DENTAL ALT	WHA SILVER 70 HMO 2500/60 PCP + CHILD DENTAL	WHA BRONZE 60 HMO 5800/60 PCP + CHILD DENTAL
MEDICAL DEDUCTIBLE[1]	SELF-ONLY COVERAGE	$325	$1,000	$2,500	$5,800
	INDIVIDUAL WITH FAMILY	$325	$1,000	$2,500	$5,800
	FAMILY COVERAGE	$650	$2,000	$5,000	$11,600
PRESCRIPTION DEDUCTIBLE[1]	SELF-ONLY COVERAGE	N/A	$500	$350	$450
	INDIVIDUAL WITH FAMILY		$500	$350	$450
	FAMILY COVERAGE		$1,000	$700	$900
ANNUAL OUT-OF-POCKET MAXIMUM[2]	SELF-ONLY COVERAGE	$8,600	$8,500	$9,200	$11,650
	INDIVIDUAL WITH FAMILY	$8,600	$8,500	$9,200	$11,650
	FAMILY COVERAGE	$17,200	$17,000	$18,400	$23,300
PREVENTIVE CARE SERVICES[3, 4]					
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[3]					
Office or virtual visits, primary care		$40	$40	$60	$60
Office or virtual visits, specialist		$60	$60	$90	$100 AD
Annual adult vision exam[7]		not covered	CIF	not covered	not covered
Hearing examinations		not covered	CIF	not covered	not covered
Outpatient surgery, facility		$300 AD	$500 AD	40% AD[10]	40% AD[10]
Outpatient surgery, professional		$40	CIF	40%[10]	40% AD[10]
Laboratory tests		$40	CIF	$55	$50
X-ray and diagnostic imaging		$60	$40	$90	40% AD[10]
Imaging (CT/PET scans and MRIs)		$350 AD	$300	$300 AD	40% AD[10]
HOSPITALIZATION SERVICES					
Hospital inpatient, facility (days)		$600 AD (1-5)	$500 AD (1-5)	40% AD[10]	40% AD[10]
Hospital inpatient, professional		CIF	CIF	40%[10]	40% AD[10]
MENTAL HEALTH & SUBSTANCE USE DISORDERS					
Office or virtual visits		$40	$40	$60	$60
Outpatient other services		CIF	CIF	40%, up to $60[10]	40% up to $60[10]
Inpatient services, facility (days)		$600 AD (1-5)	$500 AD (1-5)	40% AD[10]	40% AD[10]
OTHER SERVICES					
Emergency room, facility (waived if admitted)		$300 AD	$300 AD	40% AD[10]	40% AD[10]
Emergency room, professional		CIF	CIF	CIF	CIF
Urgent care virtual visit		$40	$45	up to $60	$49
Urgent care center		$40	$50	$60	$60
Ambulance services		$250 AD	CIF	40% AD[10]	40% AD[10]
Durable medical equipment[5]		20%[10]	20%[10]	40%[10]	40% AD[10]
Home health services, up to 100 visits		$30	CIF	$45	40% AD[10]
Acupuncture[6]		$60	$15	$60	$60
Chiropractic, up to 20 visits[6]		not covered	$15	not covered	not covered
Pediatric (up to 19) vision[7]		Vision exam/eyewear at no cost			
Pediatric (up to 19) dental[8]		Diagnostic and preventive dental care at no cost; see additional benefit info			
PRESCRIPTION SERVICES[9]					
Retail Pharmacy (30-day supply) TIER 1		$15	$10	$20	$20
Retail Pharmacy (30-day supply) TIER 2		$50	$50 AD Rx	$90 AD Rx	40%, up to $500 AD Rx[10]
Retail Pharmacy (30-day supply) TIER 3		$70	$75 AD Rx	$110 AD Rx	40%, up to $500 AD Rx[10]
Retail Pharmacy (30-day supply) TIER 4		20%, up to $250[10]	20%, up to $250 Rx[10]	30%, up to $250 AD Rx[10]	40%, up to $500 AD Rx[10]

OFFERED IN CCSB

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

		HSA-COMPATIBLE HIGH-DEDUCTIBLE PLANS
		WHA SILVER 70 HDHP HMO 3200/25% PCP + CHILD DENTAL
MEDICAL DEDUCTIBLE[1]	SELF-ONLY COVERAGE	$3,200
	INDIVIDUAL WITH FAMILY	$3,500
	FAMILY COVERAGE	$6,400
PRESCRIPTION DEDUCTIBLE[1]	SELF-ONLY COVERAGE	Included in the medical deductible
	INDIVIDUAL WITH FAMILY	
	FAMILY COVERAGE	
ANNUAL OUT-OF-POCKET MAXIMUM[2]	SELF-ONLY COVERAGE	$8,700
	INDIVIDUAL WITH FAMILY	$8,700
	FAMILY COVERAGE	$17,400
PREVENTIVE CARE SERVICES[3, 4]		
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[3]		
Office or virtual visits, primary care		25% AD[10]
Office or virtual visits, specialist		25% AD[10]
Annual adult vision exam[7]		CIF
Hearing examinations		CIF
Outpatient surgery, facility		25% AD[10]
Outpatient surgery, professional		25% AD[10]
Laboratory tests		25% AD[10]
X-ray and diagnostic imaging		25% AD[10]
Imaging (CT/PET scans and MRIs)		25% AD[10]
HOSPITALIZATION SERVICES		
Hospital inpatient, facility		25% AD[10]
Hospital inpatient, professional		25% AD[10]
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders		
Office or virtual visits		25% AD[10]
Outpatient other services		25% AD[10]
Inpatient services, facility		25% AD[10]
OTHER SERVICES		
Emergency room, facility (waived if admitted)		25% AD[10]
Emergency room, professional		CIF AD
Urgent care virtual visit		25% AD[10]
Urgent care center		25% AD[10]
Ambulance services		25% AD[10]
Durable medical equipment[5]		25% AD[10]
Home health services, up to 100 visits		25% AD[10]
Acupuncture[6]		25% AD[10]
Chiropractic, up to 20 visits[6]		CIF AD
Pediatric (up to 19) vision[7]		Vision exam/eyewear at no cost
Pediatric (up to 19) dental[8]		Diagnostic and preventive dental care at no cost; see additional benefit info
PRESCRIPTION SERVICES[9]		
TIER 1: Retail Pharmacy/Home Delivery		25% up to $250 AD[10]
TIER 2: Retail Pharmacy/Home Delivery		25% up to $250 AD[10]
TIER 3: Retail Pharmacy/Home Delivery		25% up to $250 AD[10]
TIER 4: 30-day supply		25% up to $250 AD[10]

PLAN BENEFIT COMPARISON 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 and chiropractic services (when covered) are provided through Landmark Healthplan of California, Inc. Copayments for chiropractic services, if applicable, do not contribute to the deductible or medical OOP maximum.

7 Adult and pediatric vision benefits are provided through Vision Service Plan (VSP) and not subject to the medical deductible.

8 Pediatric dental services provided through Delta Dental of California. Dental plans are not subject to the medical deductible whereas, copayments contribute to the medical OOP maximum.

9 Certain drugs may be categorized outside their respective tier. To confirm 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 Percentage copayment amounts are based on WHA's contracted rates with the provider of service.

11 The deductible is waived for first three non-preventive specialty care visits.

12 Optional VSP Advantage vision plans are underwritten and administered by Vision Service Plan (VSP).

13 DeltaCare USA and Delta Dental PPO plans are underwritten and administered by Delta Dental of California.

NOTE: Plans are pending DMHC approval.

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) when purchased direct from WHA. This partnership offers a level of integration: a single source for enrollment for the employer and claims payments from the HSA for the member.

BUILT-IN HEALTH AND WELLNESS SUPPORT

Here are just a few of the value-added benefits you get included in every small group health plan with WHA.

- 24/7 Virtual Pregnancy & Family Support
- 1-1 Support to Quit Tobacco
- Personal Coaching for Weight Loss
- Sustainable Weight Loss and Diabetes Reversal
- Diabetes Prevention Program
- Health Assessment & Condition Management

OPTIONAL FERTILITY & FAMILY-BUILDING PLANS

Expanded coverage for fertility and infertility services are available on every plan direct from WHA or purchased through CCSB. Standard medical copayments will apply for services and will contribute to the medical out-of-pocket maximum. See copayment summary and EOC for description of details, limitations, and/or exclusions.

OPTIONAL BENEFIT PLANS & RATES

Optional vision and dental plans are available with any medical plan purchased direct from WHA. When plan is elected by employer, enrollment is concurrent to medical plan. Copayments do not contribute to the medical out-of-pocket maximum. See official plan documents for description of details, limitations and/or exclusions.

ADULT VISION PLANS[12]	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 allow)	12/24 months	24/24 months
Contact Lens Fit/Eval	up to $60	up to $60
Contacts ($150 allow; if in lieu of glasses)	12 months	24 months
Adult Enrollee Only per member per month	$4.27	$3.08

ADULT DENTAL PLANS[13]	DeltaCare® USA	Delta Dental PPO℠
Preventive	$0 – $45	$0*
Deductible	None	$25 – $50
Basic	$0 – $425	10% – 20%
Major	$12 – $660	40% – 50%
Annual maximum	None	$1,000
Orthodontia	Yes	No
Adult Enrollee Only per member per month	$15.32	$65.27

*Adult dental copays may apply to certain diagnostic services.

westernhealth ADVANTAGE

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**

916.563.3198
toll-free **888.499.3198**
TDD/TTY **888.877.5378**
2349 Gateway Oaks Drive, Suite 100
Sacramento, California 95833

EFFECTIVE JANUARY 2027, UPDATED 08.26