westernhealth ADVANTAGE

a healthy balance





PLAN COMPARISON

2026 • for Individuals & Families

we have choices for you and your family

Our 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**.

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.

NOTE: Some plans pending DMHC approval.

AVAILABLE FROM WHA DIRECT AND COVERED CALIFORNIA UNLESS OTHERWISE INDICATED*

BENEFIT COMPARISON
TRADITIONAL PLANS

		WHA PLATINUM 90 HMO	WHA GOLD 80 HMO
MEDICAL DEDUCTIBLE[1]	SELF-ONLY COVERAGE	none	none
	INDIVIDUAL WITH FAMILY	none	none
	FAMILY COVERAGE	none	none
PRESCRIPTION DEDUCTIBLE[1]	SELF-ONLY COVERAGE	none	none
	INDIVIDUAL WITH FAMILY	none	none
	FAMILY COVERAGE	none	none
ANNUAL OUT-OF-POCKET MAXIMUM[2]	SELF-ONLY COVERAGE	$5,000	$9,200
	INDIVIDUAL WITH FAMILY	$5,000	$9,200
	FAMILY COVERAGE	$10,000	$18,400
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		$15 per visit	$40 per visit
Office or virtual visits, specialist		$30 per visit	$70 per visit
Outpatient surgery, facility		$75 per visit	$130 per visit
Outpatient surgery, professional		$20 per visit	$60 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
HOSPITALIZATION SERVICES			
Hospital inpatient, facility		$225 per day, days 1-5	$375 per day up to 5 days
Hospital inpatient, professional		CIF	CIF
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders			
Office or virtual visits		$15 per visit	$40 per visit
Outpatient other services		CIF	CIF
Inpatient services, facility		$225 per day, days 1-5	$375 per day up to 5 days
Inpatient services, professional		CIF	CIF
OTHER SERVICES			
Emergency room, facility (waived if admitted)		$175 per visit	$350 per visit
Emergency room, professional		CIF	CIF
Urgent care virtual visit/Urgent care center		$15/$15 per visit	$40/$40 per visit
Ambulance services		$150 per trip	$250 per trip
Durable medical equipment[5]		10%[11]	20%[11]
Home health services, up to 100 visits		$20 per visit	$30 per visit
Acupuncture[6]		$15 per visit	$40 per visit
Pediatric vision, up to age 19[7]		Examination and eyewear at no cost, with a VSP provider; see additional benefit information	
Pediatric dental, up to age 19[8]		Diagnostic and preventive dental care at no cost; see additional benefit information	
PRESCRIPTION SERVICES[9]			
Tier 1 (Retail: 30-day supply)		$9	$18
Tier 2 (Retail: 30-day supply)		$16	$60
Tier 3 (Retail: 30-day supply)		$25	$85
Tier 4 (Retail: 30-day supply)		10% up to $250[11]	20% up to $250[11]

BENEFIT COMPARISON

DEDUCTIBLE PLANS

AVAILABLE FROM WHA DIRECT AND COVERED CALIFORNIA UNLESS OTHERWISE INDICATED*

		WHA SILVER 70 HMO	WHA OFF EXCHANGE SILVER 70 HMO	WHA BRONZE 60 HMO	FOR THOSE UNDER 30 WHO DO NOT QUALIFY FOR TAX CREDIT WHA MINIMUM COVERAGE HMO
		FROM COVERED CA ONLY*	FROM WHA DIRECT ONLY*		
MEDICAL DEDUCTIBLE[1]	SELF-ONLY COVERAGE	$5,200	$5,200	$5,800	$10,600
	INDIVIDUAL WITH FAMILY	$5,200	$5,200	$5,800	$10,600
	FAMILY COVERAGE	$10,400	$10,400	$11,600	$21,200
PRESCRIPTION DEDUCTIBLE[1]	SELF-ONLY COVERAGE	$50	$50	$450	included in the medical deductible
	INDIVIDUAL WITH FAMILY	$50	$50	$450	
	FAMILY COVERAGE	$100	$100	$900	
ANNUAL OUT-OF-POCKET MAXIMUM[2]	SELF-ONLY COVERAGE	$9,800	$9,800	$9,800	$10,600
	INDIVIDUAL WITH FAMILY	$9,800	$9,800	$9,800	$10,600
	FAMILY COVERAGE	$19,600	$19,600	$19,600	$21,200
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		$50 per visit	$50 per visit	$60 per visit	CIF AD[10]
Office or virtual visits, specialist		$90 per visit	$90 per visit	$95 per visit AD[10]	CIF AD
Outpatient surgery, facility		30%[11]	30%[11]	40% AD[11]	CIF AD
Outpatient surgery, professional		30%[11]	30%[11]	40% AD[11]	CIF AD
Laboratory tests		$50 per visit	$50 per visit	$50 per visit	CIF AD
X-ray and diagnostic imaging		$95 per visit	$95 per visit	40% AD[11]	CIF AD
Imaging (CT/PET scans and MRIs)		$325 per visit	$325 per visit	40% AD[11]	CIF AD
HOSPITALIZATION SERVICES					
Hospital inpatient, facility		30% AD[11]	30% AD[11]	40% AD[11]	CIF AD
Hospital inpatient, professional		30%[11]	30%[11]	40% AD[11]	CIF AD
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders					
Office or virtual visits		$50 per visit	$50 per visit	$60 per visit	CIF AD[10]
Outpatient other services		30% up to $50 per visit[11]	30% up to $50 per visit[11]	40% up to $60 per visit[11]	CIF AD
Inpatient services, facility		30% AD[11]	30% AD[11]	40% AD[11]	CIF AD
Inpatient services, professional		30%[11]	30%[11]	40% AD[11]	CIF AD
OTHER SERVICES					
Emergency room, facility (waived if admitted)		$400 per visit	$400 per visit	40% AD[11]	CIF AD
Emergency room, professional		CIF	CIF	CIF	CIF
Urgent care virtual visit/Urgent care center		$50/$50 per visit	$50/$50 per visit	$60 per visit/$60 per visit	CIF AD/CIF AD[10]
Ambulance services		$250 per trip	$255 per trip	40% AD[11]	CIF AD
Durable medical equipment[5]		20%[11]	20%[11]	40% AD[11]	CIF AD
Home health services, up to 100 visits		$45 per visit	$45 per visit	40% AD[11]	CIF AD
Acupuncture[6]		$50 per visit	$50 per visit	$60 per visit	CIF AD[10]
Pediatric vision, up to age 19[7]		Examination and eyewear at no cost, with a VSP provider; see additional benefit information			
Pediatric dental, up to age 19[8]		Diagnostic and preventive dental care at no cost; see additional benefit information			
PRESCRIPTION SERVICES[9]					
Tier 1 (Retail: 30-day supply)		$19	$19	$20	CIF AD
Tier 2 (Retail: 30-day supply)		$60 AD	$60 AD	40% up to $500 per prescription AD[11]	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[11]	20% up to $250 AD[11]		CIF AD

BENEFIT COMPARISON

HSA-COMPATIBLE HIGH-DEDUCTIBLE PLANS

AVAILABLE FROM WHA DIRECT AND COVERED CALIFORNIA UNLESS OTHERWISE INDICATED*

		ADVANTAGE WHA SILVER 5300 HDHP HMO	ADVANTAGE WHA BRONZE 7200 HDHP HMO
		FROM WHA DIRECT ONLY*	
MEDICAL DEDUCTIBLE[1]	SELF-ONLY COVERAGE	$5,300	$7,200
	INDIVIDUAL WITH FAMILY	$5,300	$7,200
	FAMILY COVERAGE	$10,600	$14,400
PRESCRIPTION DEDUCTIBLE[1]	SELF-ONLY COVERAGE	included in the medical deductible	included in the medical deductible
	INDIVIDUAL WITH FAMILY		
	FAMILY COVERAGE		
ANNUAL OUT-OF-POCKET MAXIMUM[2]	SELF-ONLY COVERAGE	$5,300	$7,200
	INDIVIDUAL WITH FAMILY	$5,300	$7,200
	FAMILY COVERAGE	$10,600	$14,400
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		CIF AD	CIF AD
Office or virtual visits, specialist		CIF AD	CIF AD
Outpatient surgery, facility		CIF AD	CIF AD
Outpatient surgery, professional		CIF AD	CIF AD
Laboratory tests		CIF AD	CIF AD
X-ray and diagnostic imaging		CIF AD	CIF AD
Imaging (CT/PET scans and MRIs)		CIF AD	CIF AD
HOSPITALIZATION SERVICES			
Hospital inpatient, facility		CIF AD	CIF AD
Hospital inpatient, professional		CIF AD	CIF AD
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders			
Office or virtual visits		CIF AD	CIF AD
Outpatient other services		CIF AD	CIF AD
Inpatient services, facility		CIF AD	CIF AD
Inpatient services, professional		CIF AD	CIF AD
OTHER SERVICES			
Emergency room, facility (waived if admitted)		CIF AD	CIF AD
Emergency room, professional		CIF AD	CIF AD
Urgent care virtual visit/Urgent care center		CIF/CIF AD	CIF/CIF AD
Ambulance services		CIF AD	CIF AD
Durable medical equipment[5]		CIF AD	CIF AD
Home health services, up to 100 visits		CIF AD	CIF AD
Acupuncture[6]		CIF AD	CIF AD
Pediatric vision, up to age 19[7]		Examination and eyewear at no cost, with a VSP provider; see additional benefit information	
Pediatric dental, up to age 19[8]		Diagnostic and preventive dental care at no cost; see additional benefit information	
PRESCRIPTION SERVICES[9]			
Tier 1 (Retail: 30-day supply)		CIF AD	CIF AD
Tier 2 (Retail: 30-day supply)		CIF AD	CIF AD
Tier 3 (Retail: 30-day supply)		CIF AD	CIF AD
Tier 4 (Retail: 30-day supply)		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[1]	SELF-ONLY COVERAGE	none	$1,400	$5,200
	INDIVIDUAL WITH FAMILY	none	$1,400	$5,200
	FAMILY COVERAGE	none	$2,800	$10,400
PRESCRIPTION DEDUCTIBLE[1]	SELF-ONLY COVERAGE	none	$50	$50
	INDIVIDUAL WITH FAMILY	none	$50	$50
	FAMILY COVERAGE	none	$100	$100
ANNUAL OUT-OF-POCKET MAXIMUM[2]	SELF-ONLY COVERAGE	$1,400	$3,350	$8,100
	INDIVIDUAL WITH FAMILY	$1,400	$3,250	$8,100
	FAMILY COVERAGE	$2,800	$6,700	$16,200
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		$5 per visit	$15 per visit	$50 per visit
Office or virtual visits, specialist		$8 per visit	$25 per visit	$90 per visit
Outpatient surgery, facility		10%[11]	20%[11]	30%[11]
Outpatient surgery, professional		10%[11]	20%[11]	30%[11]
Laboratory tests		$10 per visit	$30 per visit	$50 per visit
X-ray and diagnostic imaging		$10 per visit	$50 per visit	$95 per visit
Imaging (CT/PET scans and MRIs)		$50 per visit	$100 per visit	$325 per visit
HOSPITALIZATION SERVICES				
Hospital inpatient, facility		10%[11]	20%[11]	30%[11]
Hospital inpatient, professional		10%[11]	20%[11]	30%[11]
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders				
Office or virtual visits		$5 per visit	$15 per visit	$50 per visit
Outpatient other services		10% up to $5 per visit	20% up to $15 per visit	30% up to $50 per visit
Inpatient services, facility		10%[11]	20% AD[11]	30% AD[11]
Inpatient services, professional		10%[11]	20%[11]	30%[11]
OTHER SERVICES				
Emergency room, facility (waived if admitted)		$50 per visit	$200 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	$50/$50 per visit
Ambulance services		$30 per trip	$75 per trip	$250 per trip
Durable medical equipment[5]		10%[11]	15%[11]	20%[11]
Home health services, up to 100 visits		$3 per visit	$15 per visit	$40 per visit
Acupuncture[6]		$5 per visit	$15 per visit	$50 per visit
Pediatric vision, up to age 19[7]		Examination and eyewear at no cost, with a VSP provider; see additional benefit information		
Pediatric dental, up to age 19[8]		Diagnostic and preventive dental care at no cost; see additional benefit information		
PRESCRIPTION SERVICES[9]				
Tier 1 (Retail: 30-day supply)		$3	$8	$19
Tier 2 (Retail: 30-day supply)		$10	$25 AD Rx	$55 AD Rx
Tier 3 (Retail: 30-day supply)		$15	$45 AD Rx	$85 AD Rx
Tier 4 (Retail: 30-day supply)		10% up to $150[11]	15% up to $150 AD Rx[11]	20% up to $250 AD Rx[11]

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 eye exam and eyewear provided through Vision Service Plan (VSP).
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.

NOTE: Some plans pending DMHC approval.

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** 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

- **Acupuncture:** treatment of pain related to acute neuromusculoskeletal conditions, subject to medical necessity; no PCP referral required for covered services
- **Behavioral Health:** full spectrum of managed mental health and substance use disorder services; no PCP referral required for covered services
- **Diabetes Prevention or Weight Loss:** personalized coaching and online tools to improve nutrition for those at risk of developing type 2 diabetes; or a customized weight loss plan, coaching, online group sessions, and a dashboard to track progress
- **Diabetes Reversal:** telehealth program that reverses type 2 diabetes by helping lower blood sugar and A1C, reduce/eliminate diabetes medications and lose weight
- **Disease Management:** case manager support for eligible members living with asthma, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease, or diabetes
- **Virtual Pain Management:** digital app with real-time feedback/coaching for help with back, joint, or muscle pain
- **Global Emergency Services:** 24/7 emergency assistance if traveling more than 100 miles from home
- **Hypertension Management:** online tools and coaching to help manage high blood pressure (HBP)
- **Nurse Advice:** registered nurse anytime/seven days a week for any health issue/concern through secure phone line
- **Nutritional Counseling:** visits with a WHA network nutritionist for members meeting specified medical criteria, when referred
- **Online Wellness:** health management tool connects you with programs and resources
- **Pharmacy Benefits:** 24/7 access to pharmacists, online and mobile app prescription management, and pharmacy locator guide
- **Pregnancy Support:** access to no-cost doula services for pregnancy and postpartum support
- **Smoking Cessation:** coaching program designed to give members the confidence to quit tobacco use for good

we are here to support optimum health

Count on us to take care of you and your family members. 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**

916.563.2250
toll-free **888.563.2250**
TTY **711**
individualsales@westernhealth.com
2349 Gateway Oaks Drive, Suite 100
Sacramento, California 95833

EFFECTIVE JANUARY 2026, UPDATED 08-2025