



a healthy balance



## PLAN COMPARISON

2024 • for 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](http://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](http://mywha.org/referral) to learn more about referrals.



**Hill Physicians**  
800.445.5747  
[hillphysicians.com](http://hillphysicians.com)



**Meritage Medical Network**  
415.884.1840  
[meritagemed.com](http://meritagemed.com)



**Mercy Medical Group**  
916.733.3333  
[mymercymedicalgroup.org](http://mymercymedicalgroup.org)



**NorthBay Health**  
707.646.5500  
[northbay.org](http://northbay.org)



**Woodland Clinic**  
530.668.2600  
[dhmf.org/woodland](http://dhmf.org/woodland)



**Providence Medical Network**  
888.432.5464  
[providence.org](http://providence.org)

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. **Providence Queen of the Valley Medical Center**  
Napa, CA 94558

## Solano County Facilities

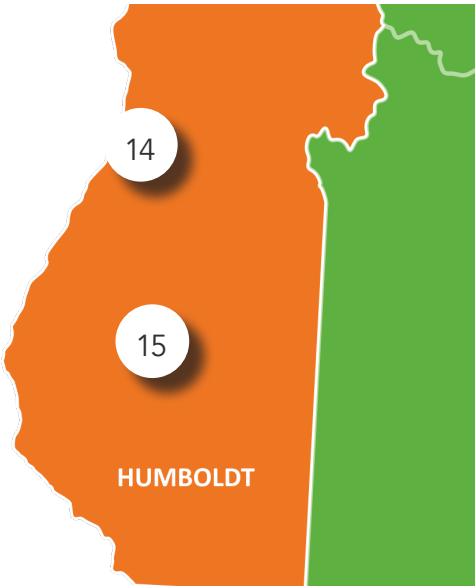
- 7. **NorthBay Medical Center**  
Fairfield, CA 94533
- 8. **NorthBay VacaValley Hospital**  
Vacaville, CA 95687

## 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 enclosed plan comparisons are marked "Direct From WHA" and "Available in CalChoice"**

- Gateway Plans are unique small group plans that can only be purchased from WHA.
- Capital Plans are small group plans comparable to those offered on the state's exchange, Covered California. These plans are available direct from WHA or through CalChoice.
- Sierra Plans are unique small group plans that are exclusive to CalChoice.

**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](mailto:whasales@westernhealth.com).

Note: Plans are pending DMHC approval.

DIRECT FROM WHA

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

		TRADITIONAL PLANS				
		CAPITAL 20 Platinum 90 HMO	GATEWAY 20 Platinum 90 HMO	GATEWAY 30 Platinum 90 HMO	GATEWAY 70 Platinum 90 HMO	GATEWAY 40 Gold 80 HMO
MEDICAL DEDUCTIBLE <sup>1</sup>	SELF-ONLY COVERAGE					
	INDIVIDUAL WITH FAMILY	none	none	none	none	none
	FAMILY COVERAGE					
PRESCRIPTION DEDUCTIBLE <sup>1</sup>	SELF-ONLY COVERAGE					
	INDIVIDUAL WITH FAMILY	none	none	none	none	none
	FAMILY COVERAGE					
ANNUAL OUT-OF-POCKET MAXIMUM <sup>2</sup>	SELF-ONLY COVERAGE	\$4,500	\$4,000	\$4,000	\$4,000	\$7,500
	INDIVIDUAL WITH FAMILY	\$4,500	\$4,000	\$4,000	\$4,000	\$7,500
	FAMILY COVERAGE	\$9,000	\$8,000	\$8,000	\$8,000	\$15,000
PREVENTIVE CARE SERVICES <sup>3, 4</sup>						

Preventive Care is CIF — includes: annual physical examinations; immunizations, adult and pediatric; women’s preventive services; maternity care, routine prenatal and lab tests and first post-natal visit; well baby care; and breast, cervical, prostate and colorectal cancer screenings

PROFESSIONAL/OUTPATIENT SERVICES <sup>3</sup>					
Office or virtual visits, primary care	\$20	\$20	\$30	\$20	\$40
Office or virtual visits, specialist	\$30	\$20	\$30	\$20	\$40
Adult and pediatric vision examination	CIF	CIF	CIF	CIF	CIF
Outpatient surgery, facility	\$100	\$150	\$150	\$150	\$300
Outpatient surgery, professional	\$25	CIF	CIF	CIF	CIF
Laboratory tests	\$20	CIF	CIF	CIF	\$40
X-ray and diagnostic imaging	\$30	CIF	CIF	CIF	\$40
Imaging (CT/PET scans and MRIs)	\$100	\$150	\$150	\$150	\$300
HOSPITALIZATION SERVICES					
Hospital inpatient, facility	\$250 (days 1-5)	CIF	\$300 (days 1-3)	30% <sup>10</sup>	\$600 per day
Hospital inpatient, professional	CIF	CIF	CIF	CIF	CIF
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders					
Office or virtual visits	\$20	\$20	\$30	\$20	\$40
Outpatient other services	CIF	CIF	CIF	CIF	CIF
Inpatient services, facility	\$250 (days 1-5)	CIF	\$300 (days 1-3)	30% <sup>10</sup>	\$600 per day
OTHER SERVICES					
Emergency room, facility (waived if admitted)	\$150	\$150	\$150	\$150	\$300
Emergency room, professional	CIF	CIF	CIF	CIF	CIF
Urgent care virtual visit/Urgent care center	\$20/\$20	\$25/\$50	\$35/\$50	\$25/\$50	\$45/\$100
Ambulance services	\$150	CIF	CIF	CIF	CIF
Durable medical equipment <sup>5</sup>	10% <sup>10</sup>	20% <sup>10</sup>	20% <sup>10</sup>	20% <sup>10</sup>	20% <sup>10</sup>
Home health services, up to 100 visits	\$20	CIF	CIF	CIF	CIF
Acupuncture <sup>6</sup>	\$15	\$15	\$15	\$15	\$15
Chiropractic, up to 20 visits <sup>6</sup>	\$15	\$15	\$15	\$15	\$15
Pediatric eyewear <sup>7</sup> and dental <sup>8</sup> , up to age 19	Eyewear at no cost   Diagnostic and preventive dental care at no cost; see additional benefit info				
PRESCRIPTION SERVICES <sup>9</sup>					
Retail Pharmacy (30-day supply) TIER 1	\$5	\$5	\$5	\$5	\$20
Retail Pharmacy (30-day supply) TIER 2	\$20	\$30	\$30	\$30	\$50
Retail Pharmacy (30-day supply) TIER 3	\$30	\$50	\$50	\$50	\$75
Retail Pharmacy (30-day supply) TIER 4	10% up to \$250 <sup>10</sup>	20% up to \$250 <sup>10</sup>			

DIRECT FROM WHA

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

		DEDUCTIBLE PLANS					
		CAPITAL 250 Gold 80 HMO	GATEWAY 4010 Gold 80 HMO	GATEWAY 4020 Gold 80 HMO	CAPITAL 2500 Silver 70 HMO	GATEWAY 5020 Silver 70 HMO	CAPITAL 6300 Bronze 60 HMO
MEDICAL DEDUCTIBLE <sup>1</sup>	SELF-ONLY COVERAGE	\$250	\$1,000	\$1,750	\$2,500	\$2,000	\$6,300
	INDIVIDUAL WITH FAMILY	\$250	\$1,000	\$1,750	\$2,500	\$2,000	\$6,300
	FAMILY COVERAGE	\$500	\$2,000	\$3,500	\$5,000	\$4,000	\$12,600
PRESCRIPTION DEDUCTIBLE <sup>1</sup>	SELF-ONLY COVERAGE	none	\$500	\$250	\$300	\$500	\$500
	INDIVIDUAL WITH FAMILY		\$500	\$250	\$300	\$500	\$500
	FAMILY COVERAGE		\$1,000	\$500	\$600	\$1,000	\$1,000
ANNUAL OUT-OF-POCKET MAXIMUM <sup>2</sup>	SELF-ONLY COVERAGE	\$7,800	\$7,800	\$7,800	\$8,750	\$8,750	\$9,100
	INDIVIDUAL WITH FAMILY	\$7,800	\$7,800	\$7,800	\$8,750	\$8,750	\$9,100
	FAMILY COVERAGE	\$15,600	\$15,600	\$15,600	\$17,500	\$17,500	\$18,200
PREVENTIVE CARE SERVICES <sup>3, 4</sup>							

Preventive Care is CIF — includes: annual physical examinations; immunizations, adult and pediatric; women’s preventive services; maternity care, routine prenatal and lab tests and first post-natal visit; well baby care; and breast, cervical, prostate and colorectal cancer screenings

PROFESSIONAL/OUTPATIENT SERVICES <sup>3</sup>							
Office or virtual visits, primary care		\$35	\$40	\$40	\$55	\$50	\$60 AD <sup>11</sup>
Office or virtual visits, specialist		\$55	\$40	\$40	\$90	\$50	\$95 AD <sup>11</sup>
Adult and pediatric vision examination		CIF	CIF	CIF	CIF	CIF	CIF
Outpatient surgery, facility		\$300 AD	\$500 AD	\$500 AD	35% AD <sup>10</sup>	\$500 AD	40% AD <sup>10</sup>
Outpatient surgery, professional		\$35	CIF	CIF	35% <sup>10</sup>	CIF AD	40% AD <sup>10</sup>
Laboratory tests		\$35	CIF	CIF	\$55	\$50	\$40
X-ray and diagnostic imaging		\$55	\$40	CIF	\$90	\$80	40% AD <sup>10</sup>
Imaging (CT/PET scans and MRIs)		\$250 AD	\$300	\$300	\$300 AD	\$500 AD	40% AD <sup>10</sup>
HOSPITALIZATION SERVICES							
Hospital inpatient, facility		\$600 AD (days 1-5)	\$500 AD (days 1-5)	\$500 AD (days 1-5)	35% AD <sup>10</sup>	30% AD <sup>10</sup>	40% AD <sup>10</sup>
Hospital inpatient, professional		CIF	CIF	CIF	35% <sup>10</sup>	CIF	40% AD <sup>10</sup>
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders							
Office or virtual visits		\$35	\$40	\$40	\$55	\$50	\$60
Outpatient other services		CIF	CIF	CIF	CIF	CIF	CIF
Inpatient services, facility		\$600 AD (days 1-5)	\$500 AD (days 1-5)	\$500 AD (days 1-5)	35% AD <sup>10</sup>	30% AD <sup>10</sup>	40% AD <sup>10</sup>
OTHER SERVICES							
Emergency room, facility (waived if admitted)		\$250 AD	\$300 AD	\$300 AD	35% AD <sup>10</sup>	30% AD <sup>10</sup>	40% AD <sup>10</sup>
Emergency room, professional		CIF	CIF	CIF	CIF	CIF	CIF
Urgent care virtual visit/Urgent care center		\$35/\$35	\$45/\$50	\$45/\$50	\$49/\$55	\$49/\$50	\$49 AD/\$60 AD <sup>11</sup>
Ambulance services		\$250 AD	CIF	CIF	35% AD <sup>10</sup>	CIF	40% AD <sup>10</sup>
Durable medical equipment <sup>5</sup>		20% <sup>10</sup>	20% <sup>10</sup>	20% <sup>10</sup>	35% <sup>10</sup>	20% <sup>10</sup>	40% AD <sup>10</sup>
Home health services, up to 100 visits		\$30	CIF	CIF	\$45	CIF	40% AD <sup>10</sup>
Acupuncture <sup>6</sup>		\$15	\$15	\$15	\$15	\$15	\$15 AD <sup>11</sup>
Chiropractic, up to 20 visits <sup>6</sup>		\$15	\$15	\$15	\$15	\$15	\$15
Pediatric eyewear <sup>7</sup> and dental <sup>8</sup> , up to age 19		Eyewear at no cost   Diagnostic and preventive dental care at no cost; see additional benefit info					
PRESCRIPTION SERVICES <sup>9</sup>							
Retail Pharmacy (30-day supply) TIER 1		\$15	\$10	\$10	\$19	\$25	\$17 AD
Retail Pharmacy (30-day supply) TIER 2		\$40	\$50 AD	\$50 AD	\$85 AD	30% up to \$250 AD <sup>10</sup>	40% up to \$500 AD <sup>10</sup>
Retail Pharmacy (30-day supply) TIER 3		\$70	\$75 AD	\$75 AD	\$110 AD		
Retail Pharmacy (30-day supply) TIER 4		20% up to \$250 AD <sup>10</sup>			30% up to \$250 AD <sup>10</sup>		

DIRECT FROM WHA

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

		HSA-COMPATIBLE HIGH-DEDUCTIBLE PLANS			
		GATEWAY 2600 Gold 80 HDHP HMO	GATEWAY 1600 Gold 80 HDHP HMO	CAPITAL 2850 Silver 70 HDHP HMO	GATEWAY 7050 Bronze 60 HDHP HMO
MEDICAL DEDUCTIBLE <sup>1</sup>	SELF-ONLY COVERAGE	\$2,600	\$1,600	\$2,850	\$7,050
	INDIVIDUAL WITH FAMILY	\$3,200	\$3,200	\$3,200	\$7,050
	FAMILY COVERAGE	\$5,200	\$4,800	\$5,700	\$14,100
PRESCRIPTION DEDUCTIBLE <sup>1</sup>	SELF-ONLY COVERAGE	included in the medical deductible			
	INDIVIDUAL WITH FAMILY				
	FAMILY COVERAGE				
ANNUAL OUT-OF-POCKET MAXIMUM <sup>2</sup>	SELF-ONLY COVERAGE	\$4,800	\$4,800	\$7,500	\$7,050
	INDIVIDUAL WITH FAMILY	\$4,800	\$4,800	\$7,500	\$7,050
	FAMILY COVERAGE	\$9,600	\$9,600	\$15,000	\$14,100
PREVENTIVE CARE SERVICES <sup>3, 4</sup>					

Preventive Care is CIF — includes: annual physical examinations; immunizations, adult and pediatric; women’s preventive services; maternity care, routine prenatal and lab tests and first post-natal visit; well baby care; and breast, cervical, prostate and colorectal cancer screenings

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

## AVAILABLE IN CALCHOICE

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

		TRADITIONAL PLANS			
		SIERRA 20 Platinum 90 HMO	CAPITAL 20 Platinum 90 HMO	SIERRA 25 Platinum 90 HMO	SIERRA 40 Gold 80 HMO
MEDICAL DEDUCTIBLE <sup>1</sup>	SELF-ONLY COVERAGE				
	INDIVIDUAL WITH FAMILY				
	FAMILY COVERAGE				
PRESCRIPTION DEDUCTIBLE <sup>1</sup>	SELF-ONLY COVERAGE				
	INDIVIDUAL WITH FAMILY				
	FAMILY COVERAGE				
ANNUAL OUT-OF-POCKET MAXIMUM <sup>2</sup>	SELF-ONLY COVERAGE	\$4,000	\$4,500	\$4,000	\$7,500
	INDIVIDUAL WITH FAMILY	\$4,000	\$4,500	\$4,000	\$7,500
	FAMILY COVERAGE	\$8,000	\$9,000	\$8,000	\$15,000
PREVENTIVE CARE SERVICES <sup>3, 4</sup>					

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 <sup>3</sup>					
Office or virtual visits, primary care		\$20	\$20	\$25	\$40
Office or virtual visits, specialist		\$20	\$30	\$25	\$40
Adult and pediatric vision examination		CIF	CIF	CIF	CIF
Outpatient surgery, facility		\$150	\$100	\$100	\$300
Outpatient surgery, professional		CIF	\$25	CIF	CIF
Laboratory tests		CIF	\$20	CIF	\$40
X-ray and diagnostic imaging		CIF	\$30	CIF	\$40
Imaging (CT/PET scans and MRIs)		\$150	\$100	\$100	\$300
HOSPITALIZATION SERVICES					
Hospital inpatient, facility		CIF	\$250 (days 1-5)	\$250 (days 1-5)	\$600 per day
Hospital inpatient, professional		CIF	CIF	CIF	CIF
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders					
Office or virtual visits		\$20	\$20	\$25	\$40
Outpatient other services		CIF	CIF	CIF	CIF
Inpatient services, facility		CIF	\$250 (days 1-5)	\$250 (days 1-5)	\$600 per day
OTHER SERVICES					
Emergency room, facility (waived if admitted)		\$150	\$150	\$150	\$300
Emergency room, professional		CIF	CIF	CIF	CIF
Urgent care virtual visit/Urgent care center		\$25/\$50	\$20/\$20	\$30/\$50	\$45/\$100
Ambulance services		CIF	\$150	\$100	CIF
Durable medical equipment <sup>5</sup>		20% <sup>10</sup>	10% <sup>10</sup>	20% <sup>10</sup>	20% <sup>10</sup>
Home health services, up to 100 visits		CIF	\$20	CIF	CIF
Acupuncture <sup>6</sup>		\$15	\$15	\$15	\$15
Chiropractic, up to 20 visits <sup>6</sup>		\$15	\$15	\$15	\$15
Pediatric eyewear <sup>7</sup> and dental <sup>8</sup> , up to age 19		Eyewear at no cost   Diagnostic and preventive dental care at no cost; see additional benefit info			
PRESCRIPTION SERVICES <sup>9</sup>					
Retail Pharmacy (30-day supply) TIER 1		\$5	\$5	\$10	\$20
Retail Pharmacy (30-day supply) TIER 2		\$30	\$20	\$30	\$50
Retail Pharmacy (30-day supply) TIER 3		\$50	\$30	\$50	\$75
Retail Pharmacy (30-day supply) TIER 4		20% up to \$250 <sup>10</sup>	10% up to \$250 <sup>10</sup>	20% up to \$250 <sup>10</sup>	



## AVAILABLE IN CALCHOICE

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

## DEDUCTIBLE PLANS

		CAPITAL 250 Gold 80 HMO	SIERRA 4010 Gold 80 HMO	CAPITAL 2500 Silver 70 HMO	SIERRA 50 Silver 70 HMO	CAPITAL 6300 Bronze 60 HMO
MEDICAL DEDUCTIBLE <sup>1</sup>	SELF-ONLY COVERAGE	\$250	\$1,000	\$2,500	\$2,300	\$6,300
	INDIVIDUAL WITH FAMILY	\$250	\$1,000	\$2,500	\$2,300	\$6,300
	FAMILY COVERAGE	\$500	\$2,000	\$5,000	\$4,600	\$12,600
PRESCRIPTION DEDUCTIBLE <sup>1</sup>	SELF-ONLY COVERAGE	none	\$500	\$300	\$500	\$500
	INDIVIDUAL WITH FAMILY		\$500	\$300	\$500	\$500
	FAMILY COVERAGE		\$1,000	\$600	\$1,000	\$1,000
ANNUAL OUT-OF-POCKET MAXIMUM <sup>2</sup>	SELF-ONLY COVERAGE	\$7,800	\$7,800	\$8,750	\$8,750	\$9,100
	INDIVIDUAL WITH FAMILY	\$7,800	\$7,800	\$8,750	\$8,750	\$9,100
	FAMILY COVERAGE	\$15,600	\$15,600	\$17,500	\$17,500	\$18,200
PREVENTIVE CARE SERVICES <sup>3, 4</sup>						

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 <sup>3</sup>						
Office or virtual visits, primary care		\$35	\$40	\$55	\$50	\$60 AD <sup>11</sup>
Office or virtual visits, specialist		\$55	\$40	\$90	\$50	\$95 AD <sup>11</sup>
Adult and pediatric vision examination		CIF	CIF	CIF	CIF	CIF
Outpatient surgery, facility		\$300 AD	\$500 AD	35% AD <sup>10</sup>	\$350 AD	40% AD <sup>10</sup>
Outpatient surgery, professional		\$35	CIF	35% <sup>10</sup>	30% AD <sup>10</sup>	40% AD <sup>10</sup>
Laboratory tests		\$35	CIF	\$55	\$50	\$40
X-ray and diagnostic imaging		\$55	\$40	\$90	\$75	40% AD <sup>10</sup>
Imaging (CT/PET scans and MRIs)		\$250 AD	\$300	\$300 AD	\$350	40% AD <sup>10</sup>
HOSPITALIZATION SERVICES						
Hospital inpatient, facility		\$600 AD (days 1-5)	\$500 AD (days 1-5)	35% AD <sup>10</sup>	30% AD <sup>10</sup>	40% AD <sup>10</sup>
Hospital inpatient, professional		CIF	CIF	35% <sup>10</sup>	CIF	40% AD <sup>10</sup>
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders						
Office or virtual visits		\$35	\$40	\$55	\$50	\$60
Outpatient other services		CIF	CIF	CIF	CIF	CIF
Inpatient services, facility		\$600 AD (days 1-5)	\$500 AD (days 1-5)	35% AD <sup>10</sup>	30% AD <sup>10</sup>	40% AD <sup>10</sup>
OTHER SERVICES						
Emergency room, facility (waived if admitted)		\$250 AD	\$300 AD	35% AD <sup>10</sup>	30% AD <sup>10</sup>	40% AD <sup>10</sup>
Emergency room, professional		CIF	CIF	CIF	CIF	CIF
Urgent care virtual visit/Urgent care center		\$35/\$35	\$45/\$50	\$49/\$55	\$49 AD/\$100 AD	\$49 AD/\$60 AD <sup>11</sup>
Ambulance services		\$250 AD	CIF	35% AD <sup>10</sup>	CIF	40% AD <sup>10</sup>
Durable medical equipment <sup>5</sup>		20% <sup>10</sup>	20% <sup>10</sup>	35% <sup>10</sup>	20% <sup>10</sup>	40% AD <sup>10</sup>
Home health services, up to 100 visits		\$30	CIF	\$45	CIF	40% AD <sup>10</sup>
Acupuncture <sup>6</sup>		\$15	\$15	\$15	\$15	\$15 AD <sup>11</sup>
Chiropractic, up to 20 visits <sup>6</sup>		\$15	\$15	\$15	\$15	\$15
Pediatric eyewear <sup>7</sup> and dental <sup>8</sup> , up to age 19	Eyewear at no cost   Diagnostic and preventive dental care at no cost; see additional benefit info					
PRESCRIPTION SERVICES <sup>9</sup>						
Retail Pharmacy (30-day supply) TIER 1		\$15	\$10	\$19	\$20	\$17 AD
Retail Pharmacy (30-day supply) TIER 2		\$40	\$50 AD	\$85 AD	30% up to \$250 AD <sup>10</sup>	40% up to \$500 AD <sup>10</sup>
Retail Pharmacy (30-day supply) TIER 3		\$70	\$75 AD	\$110 AD		
Retail Pharmacy (30-day supply) TIER 4		20% up to \$250 <sup>10</sup>		30% up to \$250 AD <sup>10</sup>		

## AVAILABLE IN CALCHOICE

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

## HSA-COMPATIBLE HIGH-DEDUCTIBLE PLANS

**SIERRA 2600**  
Gold 80 HDHP HMO

**CAPITAL 2850**  
Silver 70 HDHP HMO

**SIERRA 7050**  
Bronze 60 HDHP HMO

<b>MEDICAL DEDUCTIBLE<sup>1</sup></b>	SELF-ONLY COVERAGE	\$2,600	\$2,850	\$7,050
	INDIVIDUAL WITH FAMILY	\$3,200	\$3,200	\$7,050
	FAMILY COVERAGE	\$5,200	\$5,700	\$14,100
<b>PRESCRIPTION DEDUCTIBLE<sup>1</sup></b>	SELF-ONLY COVERAGE	included in the medical deductible		
	INDIVIDUAL WITH FAMILY			
	FAMILY COVERAGE			
<b>ANNUAL OUT-OF-POCKET MAXIMUM<sup>2</sup></b>	SELF-ONLY COVERAGE	\$4,800	\$7,500	\$7,050
	INDIVIDUAL WITH FAMILY	\$4,800	\$7,500	\$7,050
	FAMILY COVERAGE	\$9,600	\$15,000	\$14,100
<b>PREVENTIVE CARE SERVICES<sup>3, 4</sup></b>				

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 <sup>3</sup>			
Office or virtual visits, primary care	CIF AD	25% AD <sup>10</sup>	CIF AD
Office or virtual visits, specialist	CIF AD	25% AD <sup>10</sup>	CIF AD
Adult and pediatric vision examination	CIF	CIF	CIF
Outpatient surgery, facility	CIF AD	25% AD <sup>10</sup>	CIF AD
Outpatient surgery, professional	CIF AD	25% AD <sup>10</sup>	CIF AD
Laboratory tests	CIF AD	25% AD <sup>10</sup>	CIF AD
X-ray and diagnostic imaging	CIF AD	25% AD <sup>10</sup>	CIF AD
Imaging (CT/PET scans and MRIs)	CIF AD	25% AD <sup>10</sup>	CIF AD
HOSPITALIZATION SERVICES			
Hospital inpatient, facility	CIF AD	25% AD <sup>10</sup>	CIF AD
Hospital inpatient, professional	CIF AD	25% AD <sup>10</sup>	CIF AD
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders			
Office or virtual visits	CIF AD	25% AD <sup>10</sup>	CIF AD
Outpatient other services	CIF AD	CIF AD	CIF AD
Inpatient services, facility	CIF AD	25% AD <sup>10</sup>	CIF AD
OTHER SERVICES			
Emergency room, facility (waived if admitted)	CIF AD	25% AD <sup>10</sup>	CIF AD
Emergency room, professional	CIF AD	CIF AD	CIF AD
Urgent care virtual visit/Urgent care center	CIF AD/CIF AD	25% AD/25% AD <sup>10</sup>	CIF AD/CIF AD
Ambulance services	CIF AD	25% AD <sup>10</sup>	CIF AD
Durable medical equipment <sup>5</sup>	CIF AD	25% AD <sup>10</sup>	CIF AD
Home health services, up to 100 visits	CIF AD	25% AD <sup>10</sup>	CIF AD
Acupuncture <sup>6</sup>	CIF AD	CIF AD	CIF AD
Chiropractic, up to 20 visits <sup>6</sup>	CIF AD	CIF AD	CIF AD
Pediatric eyewear <sup>7</sup> and dental <sup>8</sup> , up to age 19	Eyewear at no cost   Diagnostic and preventive dental care at no cost; see additional benefit info		
PRESCRIPTION SERVICES <sup>9</sup>			
Retail Pharmacy (30-day supply) TIER 1	CIF AD	25% up to \$250 AD <sup>10</sup>	CIF AD
Retail Pharmacy (30-day supply) TIER 2	\$40 AD		
Retail Pharmacy (30-day supply) TIER 3	\$60 AD		
Retail Pharmacy (30-day supply) TIER 4	20% up to \$250 AD <sup>10</sup>		

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 provided through Landmark Healthplan of California, Inc. Copayments for chiropractic services, if applicable, do not contribute to the deductible or medical OOP maximum.
- 7 Pediatric eyewear provided through EyeMed and is 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 Deductible is waived for first three cumulative non-preventive care visits or services in a calendar year.
- 12 Infertility benefits are available on all plans to groups with 20 or more eligible employees.
- 13 DeltaCare USA and Delta Dental PPO plans are underwritten and administered by Delta Dental of California. Available to all groups.

Note: Plans are pending DMHC approval.

BUILT-IN HEALTH AND WELLNESS SUPPORT

- Here are just a few of the value-added benefits you get when renewing your health coverage with WHA.
- **NEW Maven** offers members and their partners pregnancy and postpartum support with access to coaching and virtual appointments with providers across 30 specialties, including OB-GYNs, mental health specialists, and lactation consultants. Maven's coaches are available 24/7 to answer pregnancy and postpartum care questions, along with offering resources such as virtual classes, educational articles, and community forums.
  - **NEW Real Appeal: Weight Loss** includes a customized weight loss plan, personalized coaching with online group sessions, a digital library of health-related content, and an online dashboard to track their progress.
  - **Quit for Life** helps members with tobacco cessation and is designed to give members the confidence to quit for good, with the support of Nicotine Replacement Therapy (NRT), access to coaches and tools to develop a path to enjoying life without tobacco. Quit for Life gives you a personalized Quit Plan, 1:1 access to coaches via phone, chat, or text, as well as group video sessions, all at no added cost.

OPTIONAL RIDER BENEFITS & RATES

Optional riders are available on any plan purchased direct from WHA. Copayments do not contribute to the medical out-of-pocket maximum. See official plan documents for description of details, limitations and/or exclusions.

INFERTILITY SERVICES <sup>12</sup>		
Infertility services	50% benefit, subject to limitations	
Available to groups with 20+ employees	\$12.50 per member per month	

ADULT DENTAL PLANS <sup>13</sup>	DeltaCare® USA	Delta Dental PPO <sup>SM</sup>
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

This is an overview of benefits; contact WHA Sales for dental copayment summaries.

\*Adult dental copays may apply to certain diagnostic services.



**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](https://choosewha.com/quality) to learn more about WHA's customer satisfaction ratings and annual provider survey results.



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



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