



# westernhealth ADVANTAGE



## WHA PLAN COMPARISON .....

Your employer has selected these plan options for you to choose from.

**This is a summary only.** Consult the applicable Copayment Summaries and Combined Evidence of Coverage and Disclosure Form (EOC/DF) for a detailed description of coverage benefits and limitations. Applicants have a right to review the EOC/DF prior to enrollment. Call WHA Group Sales at 888.499.3198 to request a copy. Plan summaries are on your group's WHA web page.

MEDICAL PLAN COMPARISON EFFECTIVE 07.01.23	ADVANTAGE 0/25-50/250 HMO PRIME	WESTERN 1800/0/0 HDHP HMO PRIME	WESTERN 2800/40/500 HDHP HMO PRIME
<b>Medical Deductible</b> (Self-Only/Individual/Family)	none	\$1,800/\$3,000/\$3,600	\$2,800/\$3,000/\$5,600
<b>Prescription Deductible</b> (Self-Only/Individual/Family)	\$100 per member	combined with medical	combined with medical
<b>Annual Out-of-pocket Max</b> (Self-Only/Individual/Family)	\$1,500/\$1,500/\$2,500	\$3,600/\$3,600/\$7,200	\$4,000/\$4,000/\$8,000
<b>Preventive Care Services – Covered in Full</b>	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		
Office or virtual visits	\$25/\$50 per visit	CIF AD	\$40 AD
Annual eye and hearing exams	\$25/\$50 per visit	CIF	CIF
Outpatient surgery (performed in office setting)	\$25/\$50 per visit	CIF AD	\$40 AD
Outpatient surgery (facility)	\$100 per visit	CIF AD	\$250 AD
Laboratory test, x-rays and diagnostic imaging	none	CIF AD	CIF AD
Imaging (CT/PET scans and MRIs)	none	CIF AD	CIF AD
Hospital inpatient, facility	\$250 per admission	CIF AD	\$500/day AD
Hospital inpatient, professional	none	CIF AD	CIF AD
Behavioral health office or virtual visits	\$25 per visit	CIF AD	\$40 AD
Behavioral health outpatient services	none	CIF AD	CIF AD
Behavioral health inpatient services	\$250 per admission	CIF AD	\$500/day AD
Emergency room (waived if admitted)	\$100 per visit	CIF AD	\$100 AD
Urgent care virtual visit/Urgent care center	\$30/\$35 per visit	CIF AD	\$45 AD/\$50 AD
Ambulance services	none	CIF AD	CIF AD
Durable medical equipment	20%	CIF AD	20% AD
Acupuncture and Chiropractic care, up to 20 visits each	\$15 per visit	CIF AD	CIF AD
<b>INCLUDES PRESCRIPTION DRUG COVERAGE</b>	<b>RX 10/30/50A DEDUCTIBLE</b>	<b>INCLUDED IN MEDICAL</b>	<b>INCLUDED IN MEDICAL</b>
TIER 1/ TIER 2/ TIER 3 (Retail 30-day supply)	\$10/\$30 AD/\$50 AD	CIF AD/\$30 AD/\$50 AD	\$10 AD/\$30 AD/\$50 AD
OTHER: Home self-injectable medication (30-day supply)	20% up to \$100	CIF AD	20% up to \$100 AD

CIF — Covered In Full | AD: After Deductible — Copayment applies once deductible is met

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