

Selecting your health coverage
from Western Health Advantage



PLAN COMPARISON

FOR INDIVIDUALS AND FAMILIES
Effective 1.1.19

Western
Health
Advantage



choosewha.com

advantage ➤ we're passionate about health care



Whether you are opting for coverage for the first time or have the opportunity to select a new plan, we encourage you to choose a health plan based on your own needs and expectations.

Western Health Advantage prides itself in being the choice of thousands—from Fairfield to Folsom and Penryn to Petaluma. We have a passion for health care, which is seen in our support of medical innovation and promotion of whole-person health to suit your changing needs. We are here to help you stay healthy and facilitate the care you need when you need it.

we have choices for you

All individual plans from WHA include the Ten Essential Health Benefits and comply with the metal tiers established by the Affordable Care Act [ACA]. The essential health benefits include:

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services
6. Prescription drugs
7. Services and devices: help with recovery from an injury, disability or chronic condition
8. Laboratory services
9. Preventive services: counseling, screenings and vaccines
10. Pediatric services: dental and vision care for kids

The metal-tier system, which designates a plan as bronze, silver, gold or platinum, helps you compare options.

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

BENEFIT COMPARISON

TRADITIONAL PLANS

		WHA PLATINUM 90 HMO	WHA GOLD 80 HMO
MEDICAL DEDUCTIBLE¹	SELF-ONLY COVERAGE	None	None
	INDIVIDUAL WITH FAMILY	None	None
	FAMILY COVERAGE	None	None
PRESCRIPTION DEDUCTIBLE¹	SELF-ONLY COVERAGE	None	None
	INDIVIDUAL WITH FAMILY	None	None
	FAMILY COVERAGE	None	None
ANNUAL OUT-OF-POCKET MAXIMUM²	SELF-ONLY COVERAGE	\$3,350	\$7,200
	INDIVIDUAL WITH FAMILY	\$3,350	\$7,200
	FAMILY COVERAGE	\$6,700	\$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 SERVICES³			
	Office visits, primary care	\$15 per visit	\$30 per visit
	Office visits, specialist	\$30 per visit	\$55 per visit
	Outpatient surgery, facility	\$100 per visit	\$300 per visit
	Outpatient surgery, professional	\$25 per visit	\$40 per visit
	Laboratory tests	\$15 per visit	\$35 per visit
	X-ray and diagnostic imaging	\$30 per visit	\$55 per visit
	Imaging (CT/PET scans and MRIs)	\$75 per visit	\$275 per visit
HOSPITALIZATION SERVICES			
	Hospital inpatient, facility	\$250 per day, days 1-5	\$600 per day, days 1-5
	Hospital inpatient, professional	CIF	CIF
BEHAVIORAL HEALTH SERVICES Mental Health and Substance Abuse			
	Office visits	\$15 per visit	\$30 per visit
	Outpatient services	CIF	CIF
	Inpatient, facility	\$250 per day, days 1-5	\$600 per day, days 1-5
	Inpatient, professional	CIF	CIF
OTHER SERVICES			
	Emergency room, facility (waived if admitted)	\$150 per visit	\$325 per visit
	Emergency room, professional	CIF	CIF
	Urgent care center	\$15 per visit	\$30 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	\$30 per visit
	Pediatric vision, up to age 19 ⁷	Examination and eyewear at no cost; 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 (30-DAY SUPPLY)⁹			
	Tier 1 — preferred generic medication	\$5	\$15
	Tier 2 — preferred brand name medication	\$15	\$55
	Tier 3 — non-preferred medication	\$25	\$75
	Tier 4 — specialty medication	10% up to \$250 ¹¹	20% up to \$250 ¹¹

AVAILABLE DIRECT FROM WHA AND FROM COVERED CALIFORNIA UNLESS OTHERWISE INDICATED*

FOR THOSE UNDER 30 WHO DO NOT QUALIFY FOR TAX CREDIT

BENEFIT COMPARISON

DEDUCTIBLE PLANS

		WHA SILVER 70 HMO	WHA OFF EXCHANGE SILVER 70 HMO	WHA BRONZE 60 HMO	WHA MINIMUM COVERAGE HMO
			AVAILABLE DIRECT FROM WHA ONLY*		
MEDICAL DEDUCTIBLE¹	SELF-ONLY COVERAGE	\$2,500	\$2,500	\$6,300	\$7,900
	INDIVIDUAL WITH FAMILY	\$2,500	\$2,500	\$6,300	\$7,900
	FAMILY COVERAGE	\$5,000	\$5,000	\$12,600	\$15,800
PRESCRIPTION DEDUCTIBLE¹	SELF-ONLY COVERAGE	\$200	\$200	\$500	Included in the medical deductible
	INDIVIDUAL WITH FAMILY	\$200	\$200	\$500	
	FAMILY COVERAGE	\$400	\$400	\$1,000	
ANNUAL OUT-OF-POCKET MAXIMUM²	SELF-ONLY COVERAGE	\$7,550	\$7,550	\$7,550	\$7,900
	INDIVIDUAL WITH FAMILY	\$7,550	\$7,550	\$7,550	\$7,900
	FAMILY COVERAGE	\$15,100	\$15,100	\$15,100	\$15,800
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 SERVICES³					
	Office visits, primary care	\$40 per visit	\$40 per visit	\$75 per visit AD ¹⁰	CIF AD ¹⁰
	Office visits, specialist	\$80 per visit	\$80 per visit	\$105 per visit AD ¹⁰	CIF AD
	Outpatient surgery, facility	20% ¹¹	20% ¹¹	100% AD	CIF AD
	Outpatient surgery, professional	20% ¹¹	20% ¹¹	100% AD	CIF AD
	Laboratory tests	\$35 per visit	\$35 per visit	\$40 per visit	CIF AD
	X-ray and diagnostic imaging	\$75 per visit	\$75 per visit	100% AD	CIF AD
	Imaging (CT/PET scans and MRIs)	\$300 per visit	\$300 per visit	100% AD	CIF AD
HOSPITALIZATION SERVICES					
	Hospital inpatient, facility	20% AD ¹¹	20% AD ¹¹	100% AD	CIF AD
	Hospital inpatient, professional	20% ¹¹	20% ¹¹	100% AD	CIF AD
BEHAVIORAL HEALTH SERVICES Mental Health and Substance Abuse					
	Office visits	\$40 per visit	\$40 per visit	\$75 per visit AD ¹⁰	CIF AD ¹⁰
	Outpatient services	CIF	CIF	CIF AD	CIF AD
	Inpatient, facility	20% AD ¹¹	20% AD ¹¹	100% AD	CIF AD
	Inpatient, professional	20% ¹¹	20% ¹¹	100% AD	CIF AD
OTHER SERVICES					
	Emergency room, facility (waived if admitted)	\$350 per visit	\$350 per visit	100% AD	CIF AD
	Emergency room, professional	CIF	CIF	CIF AD	CIF
	Urgent care center	\$40 per visit	\$40 per visit	\$75 per visit AD ¹⁰	CIF AD ¹⁰
	Ambulance services	\$250 per trip AD	\$255 per trip AD	100% AD	CIF AD
	Durable medical equipment ⁵	20% ¹¹	20% ¹¹	100% AD	CIF AD
	Home health services, up to 100 visits	\$45 per visit	\$45 per visit	100% AD	CIF AD
	Acupuncture ⁶	\$40 per visit	\$40 per visit	\$75 per visit AD ¹⁰	CIF AD ¹⁰
	Pediatric vision, up to age 19 ⁷	Examination and eyewear at no cost; 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 (30-DAY SUPPLY)⁹					
	Tier 1 — preferred generic medication	\$15 AD	\$15 AD	100% up to \$500 AD ¹¹	CIF AD
	Tier 2 — preferred brand name medication	\$55 AD	\$55 AD		CIF AD
	Tier 3 — non-preferred medication	\$80 AD	\$80 AD		CIF AD
	Tier 4 — specialty medication	20% up to \$250 AD ¹¹	20% up to \$250 AD ¹¹		CIF AD

BENEFIT COMPARISON

HSA-COMPATIBLE HIGH-DEDUCTIBLE PLANS

		WHA BRONZE 60 HDHP HMO	ADVANTAGE WHA SILVER 3850 HDHP HMO	ADVANTAGE WHA BRONZE 6500 HDHP HMO
		AVAILABLE DIRECT FROM WHA ONLY*		
MEDICAL DEDUCTIBLE¹	SELF-ONLY COVERAGE	\$6,000	\$3,850	\$6,500
	INDIVIDUAL WITH FAMILY	\$6,000	\$3,850	\$6,500
	FAMILY COVERAGE	\$12,000	\$7,700	\$13,000
PRESCRIPTION DEDUCTIBLE¹	SELF-ONLY COVERAGE	Included in the medical deductible	Included in the medical deductible	Included in the medical deductible
	INDIVIDUAL WITH FAMILY			
	FAMILY COVERAGE			
ANNUAL OUT-OF-POCKET MAXIMUM²	SELF-ONLY COVERAGE	\$6,650	\$3,850	\$6,500
	INDIVIDUAL WITH FAMILY	\$6,650	\$3,850	\$6,500
	FAMILY COVERAGE	\$13,300	\$7,700	\$13,000
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 SERVICES³				
	Office visits, primary care	40% AD ¹¹	CIF AD	CIF AD
	Office visits, specialist	40% AD ¹¹	CIF AD	CIF AD
	Outpatient surgery, facility	40% AD ¹¹	CIF AD	CIF AD
	Outpatient surgery, professional	40% AD ¹¹	CIF AD	CIF AD
	Laboratory tests	40% AD ¹¹	CIF AD	CIF AD
	X-ray and diagnostic imaging	40% AD ¹¹	CIF AD	CIF AD
	Imaging (CT/PET scans and MRIs)	40% AD ¹¹	CIF AD	CIF AD
HOSPITALIZATION SERVICES				
	Hospital inpatient, facility	40% AD ¹¹	CIF AD	CIF AD
	Hospital inpatient, professional	40% AD ¹¹	CIF AD	CIF AD
BEHAVIORAL HEALTH SERVICES Mental Health and Substance Abuse				
	Office visits	40% AD ¹¹	CIF AD	CIF AD
	Outpatient services	40% AD ¹¹	CIF AD	CIF AD
	Inpatient, facility	40% AD ¹¹	CIF AD	CIF AD
	Inpatient, professional	40% AD ¹¹	CIF AD	CIF AD
OTHER SERVICES				
	Emergency room, facility (waived if admitted)	40% AD ¹¹	CIF AD	CIF AD
	Emergency room, professional	CIF AD	CIF AD	CIF AD
	Urgent care center	40% AD ¹¹	CIF AD	CIF AD
	Ambulance services	40% AD ¹¹	CIF AD	CIF AD
	Durable medical equipment ⁵	40% AD ¹¹	CIF AD	CIF AD
	Home health services, up to 100 visits	40% AD ¹¹	CIF AD	CIF AD
	Acupuncture ⁶	40% AD ¹¹	CIF AD	CIF AD
	Pediatric vision, up to age 19 ⁷	Examination and eyewear at no cost; 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 (30-DAY SUPPLY)⁹				
	Tier 1 — preferred generic medication	40% up to \$500 AD ¹¹	CIF AD	CIF AD
	Tier 2 — preferred brand name medication	40% up to \$500 AD ¹¹	CIF AD	CIF AD
	Tier 3 — non-preferred medication	40% up to \$500 AD ¹¹	CIF AD	CIF AD
	Tier 4 — specialty medication	40% up to \$500 AD ¹¹	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

AVAILABLE FROM COVERED CALIFORNIA ONLY*

		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
MEDICAL DEDUCTIBLE¹	SELF-ONLY COVERAGE	\$75	\$650	\$2,200
	INDIVIDUAL WITH FAMILY	\$75	\$650	\$2,200
	FAMILY COVERAGE	\$150	\$1,300	\$4,400
PRESCRIPTION DEDUCTIBLE¹	SELF-ONLY COVERAGE	None	\$50	\$175
	INDIVIDUAL WITH FAMILY	None	\$50	\$175
	FAMILY COVERAGE	None	\$100	\$350
ANNUAL OUT-OF-POCKET MAXIMUM²	SELF-ONLY COVERAGE	\$1,000	\$2,600	\$6,300
	INDIVIDUAL WITH FAMILY	\$1,000	\$2,600	\$6,300
	FAMILY COVERAGE	\$2,000	\$5,200	\$12,600
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 SERVICES³				
	Office visits, primary care	\$5 per visit	\$15 per visit	\$35 per visit
	Office visits, specialist	\$8 per visit	\$25 per visit	\$75 per visit
	Outpatient surgery, facility	10% ¹¹	15% ¹¹	20% ¹¹
	Outpatient surgery, professional	10% ¹¹	15% ¹¹	20% ¹¹
	Laboratory tests	\$8 per visit	\$15 per visit	\$35 per visit
	X-ray and diagnostic imaging	\$8 per visit	\$30 per visit	\$75 per visit
	Imaging (CT/PET scans and MRIs)	\$50 per visit	\$100 per visit	\$300 per visit
HOSPITALIZATION SERVICES				
	Hospital inpatient, facility	10% AD ¹¹	15% AD ¹¹	20% AD ¹¹
	Hospital inpatient, professional	10% ¹¹	15% ¹¹	20% ¹¹
BEHAVIORAL HEALTH SERVICES Mental Health and Substance Abuse				
	Office visits	\$5 per visit	\$15 per visit	\$35 per visit
	Outpatient services	CIF	CIF	CIF
	Inpatient, facility	10% AD ¹¹	15% AD ¹¹	20% AD ¹¹
	Inpatient, professional	10% ¹¹	15% ¹¹	20% ¹¹
OTHER SERVICES				
	Emergency room, facility (waived if admitted)	\$50 per visit	\$100 per visit	\$350 per visit
	Emergency room, professional	CIF	CIF	CIF
	Urgent care center	\$5 per visit	\$15 per visit	\$35 per visit
	Ambulance services	\$30 per trip AD	\$75 per trip AD	\$250 per trip AD
	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	\$35 per visit
	Pediatric vision, up to age 19 ⁷	Examination and eyewear at no cost; 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 (30-DAY SUPPLY)⁹				
	Tier 1 — preferred generic medication	\$3	\$5	\$15 AD
	Tier 2 — preferred brand name medication	\$10	\$20 AD	\$50 AD
	Tier 3 — non-preferred medication	\$15	\$35 AD	\$75 AD
	Tier 4 — specialty medication	10% up to \$150 ¹¹	15% up to \$150 AD ¹¹	20% up to \$250 AD ¹¹



added value for you

Emergency assistance **when you travel**

When you travel 100 or more miles from home you are eligible for assistance with medical consultations and referrals, care of a minor child, lost luggage and more.

Assist America > mywha.org/travel

Call or chat for **nurse advice**

Around-the-clock access to registered nurses who are ready to answer your general health questions, including direct referrals to disease management nurses.

Nurse24 > mywha.org/nurse24

Access your health plan with **MyWHA**

You can securely access your member ID card, view benefit details and map directions to your doctor's office from your desktop or smartphone.

Mobile Apps > mywha.org/apps

Keep in touch with **personal portals**

You have options for communicating with your doctor. Most of our partners have online capabilities such as scheduling appointments, viewing lab test results and accessing your medical record.

Digital Access > mywha.org/connect

We encourage **healthy lifestyles**

Our MyWHA Wellness online portal keeps your health status right at your fingertips. Complete an assessment, set goals and follow an action plan.

Wellness Portal > mywha.org/wellness

FOOTNOTES

- 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 eyewear provided through MESVision.
- 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 \$200 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.

we're always here for you <

We're here to provide exceptional service to our members, providers and partners. You can easily reach us in person or on the phone. We're responsive and make decisions without delay.

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

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