

Selecting your health coverage
from **Western Health Advantage**



PLAN COMPARISON

FOR SMALL GROUP
1 to 100 Employees
Effective **4.1.19**

**Western
Health
Advantage**



choosewha.com

advantage ➤ we're passionate about health care



We are all about helping people obtain quality health care. We also support medical innovation and promote whole-person health to suit the various needs of the communities we serve. We offer affordable coverage to employer groups, individuals and families, for every stage of life. We are here to help you stay healthy and facilitate the care you need when you need it.

we're community-focused

We pride ourselves in being the choice of thousands—from Penryn to Petaluma and Sacramento to San Jose. Your community is our community. We strengthen our neighborhoods and enrich the lives of community members by supporting local organizations. Supporting the communities where we live and work is one of our core values.

added value for members

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

our facilities



we're proud of our reputation

Since 1996, we've been a reliable partner in the communities we serve. We are known for acting with integrity and for interacting honestly with our partners. We build personal relationships with our members, providers, and communities. As a provider-sponsored health plan, we support the doctor-patient relationship and offer access to quality doctors and hospitals.



Dignity Health



NORTHBAY[™]
HEALTHCARE

St. Joseph Health 
Medical Network

 Hill
Physicians

 canopy
HEALTH

 JOHN MUIR
HEALTH

UCSF Health

 MERITAGE
MEDICAL NETWORK

SCCIPA
Santa Clara County IPA

Note: A member's access to doctors and hospitals varies by network. Search choosewha.com/directory for details.

Alameda County

- Alameda Hospital
- Highland Hospital
- San Leandro Hospital
- UCSF Benioff Children's Hospital, Oakland
- Washington Hospital

Contra Costa County

- John Muir Medical Center, Concord
- John Muir Medical Center, Walnut Creek
- San Ramon Regional Medical Center

Marin County

- Marin General Hospital

Napa County

- Queen of the Valley Medical Center

Sacramento County

- Mercy General Hospital
- Mercy Hospital of Folsom
- Mercy San Juan Medical Center
- Methodist Hospital of Sacramento

San Francisco County

- Saint Francis Memorial Hospital
- St. Mary's Medical Center
- UCSF Benioff Children's Hospital at Mission Bay
- UCSF Medical Center at Mission Bay
- UCSF Medical Center at Parnassus

San Mateo County

- Sequoia Hospital

Santa Clara County

- Regional Medical Center of San Jose
- Good Samaritan Hospital

Solano County

- NorthBay Medical Center
- NorthBay VacaValley Hospital

Sonoma County

- Healdsburg District Hospital
- Petaluma Valley Hospital
- Santa Rosa Memorial Hospital
- Sonoma Valley Hospital

Yolo County

- Woodland Memorial Hospital

we have plan choices for you and your employees

We provide the flexibility to customize your small group's benefit package. Review our plan options and select the coverage that benefits you and your employees best. All plans comply with the metal tiers established by the Affordable Care Act (ACA)—allowing consumers to compare plans with similar coverage—and include the Ten Essential Health Benefits.

- > **Traditional Plans** are ideal for employees looking for the most coverage for their medical care. While many services are covered in full, others require only a copayment without the hassle of meeting a deductible first.
- > **Deductible Plans** help your employees control how much they spend on health care expenses by paying for services when needed. Employees pay a copayment for office visits and/or diagnostic services while some services, such as hospitalization, are subject to a deductible.
- > **HSA-Compatible High-Deductible Plans** allow employees to build funds within their health savings account (HSA) to pay for out-of-pocket expenses. We offer **complimentary HealthEquity® HSAs** with all HDHPs sold direct from WHA. While there is no obligation to have an HSA, employees are advised to discuss the benefits with a tax consultant.



extensive plan options

The enclosed 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.

DIRECT FROM WHA

		GATEWAY PLANS			CAPITAL PLANS	
		GATEWAY 20 Platinum 90 HMO	GATEWAY 30 Platinum 90 HMO	GATEWAY 70 Platinum 90 HMO	CAPITAL 15 Platinum 90 HMO	CAPITAL 30 Gold 80 HMO
TRADITIONAL PLANS						
MEDICAL DEDUCTIBLE ¹	SELF-ONLY COVERAGE	None	None	None	None	None
	INDIVIDUAL WITH FAMILY	None	None	None	None	None
	FAMILY COVERAGE	None	None	None	None	None
PRESCRIPTION DEDUCTIBLE ¹	SELF-ONLY COVERAGE	None	None	None	None	None
	INDIVIDUAL WITH FAMILY	None	None	None	None	None
	FAMILY COVERAGE	None	None	None	None	None
ANNUAL OUT-OF-POCKET MAXIMUM ²	SELF-ONLY COVERAGE	\$4,000	\$4,000	\$4,000	\$3,350	\$7,200
	INDIVIDUAL WITH FAMILY	\$4,000	\$4,000	\$4,000	\$3,350	\$7,200
	FAMILY COVERAGE	\$8,000	\$8,000	\$8,000	\$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 SERVICES ³						
Office visits, primary care		\$20 per visit	\$30 per visit	\$20 per visit	\$15 per visit	\$30 per visit
Office visits, specialist		\$20 per visit	\$30 per visit	\$20 per visit	\$30 per visit	\$55 per visit
Adult and pediatric vision examination		CIF	CIF	CIF	CIF	CIF
Outpatient surgery, facility		\$100 per visit	\$100 per visit	\$100 per visit	\$100 per visit	\$300 per visit
Outpatient surgery, professional		CIF	CIF	CIF	\$25 per visit	\$40 per visit
Laboratory tests		CIF	CIF	CIF	\$15 per visit	\$35 per visit
X-ray and diagnostic imaging		CIF	CIF	CIF	\$30 per visit	\$55 per visit
Imaging (CT/PET scans and MRIs)		\$150 per visit	\$150 per visit	\$150 per visit	\$75 per visit	\$275 per visit
HOSPITALIZATION SERVICES						
Hospital inpatient, facility		CIF	\$300 per day, days 1-3	30% ¹⁰	\$250 per day, days 1-5	\$600 per day, days 1-5
Hospital inpatient, professional		CIF	CIF	CIF	CIF	CIF
BEHAVIORAL HEALTH SERVICES: Mental Health and Substance Abuse						
Behavioral health office visits		\$20 per visit	\$30 per visit	\$20 per visit	\$15 per visit	\$30 per visit
Behavioral health outpatient services		CIF	CIF	CIF	CIF	CIF
Behavioral health inpatient, facility		CIF	\$300 per day, days 1-3	30% ¹⁰	\$250 per day, days 1-5	\$600 per day, days 1-5
OTHER SERVICES						
Emergency room, facility (waived if admitted)		\$150 per visit	\$150 per visit	\$150 per visit	\$150 per visit	\$325 per visit
Emergency room, professional		CIF	CIF	CIF	CIF	CIF
Urgent care center		\$50 per visit	\$50 per visit	\$50 per visit	\$15 per visit	\$30 per visit
Ambulance services		CIF	CIF	CIF	\$150 per trip	\$250 per trip
Durable medical equipment ⁵		20% ¹⁰	20% ¹⁰	20% ¹⁰	10% ¹⁰	20% ¹⁰
Home health services, up to 100 visits		CIF	CIF	CIF	\$20 per visit	\$30 per visit
Acupuncture ⁶		\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
Chiropractic, up to 20 visits ⁶		\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
Pediatric eyewear ⁷ and dental ⁸ , up to age 19		Eyewear at no cost Diagnostic and preventive dental care at no cost; see additional benefit info				
PRESCRIPTION SERVICES (30-day supply) ⁹						
Tier 1 — preferred generic medication		\$5	\$5	\$5	\$5	\$15
Tier 2 — preferred brand name medication		\$30	\$30	\$30	\$15	\$55
Tier 3 — non-preferred medication		\$50	\$50	\$50	\$25	\$75
Tier 4 — specialty medication		20% up to \$250 ¹⁰	20% up to \$250 ¹⁰	20% up to \$250 ¹⁰	10% up to \$250 ¹⁰	20% up to \$250 ¹⁰

DIRECT FROM WHA

DEDUCTIBLE PLANS		GATEWAY PLANS			CAPITAL PLANS	
		GATEWAY 4010 Gold 80 HMO	GATEWAY 4020 Gold 80 HMO	GATEWAY 5020 Silver 70 HMO	CAPITAL 2000 Silver 70 HMO	CAPITAL 6300 Bronze 60 HMO
MEDICAL DEDUCTIBLE ¹	SELF-ONLY COVERAGE	\$1,000	\$1,750	\$2,000	\$2,000	\$6,300
	INDIVIDUAL WITH FAMILY	\$1,000	\$1,750	\$2,000	\$2,000	\$6,300
	FAMILY COVERAGE	\$2,000	\$3,500	\$4,000	\$4,000	\$12,600
PRESCRIPTION DEDUCTIBLE ¹	SELF-ONLY COVERAGE	\$250	\$250	\$250	\$200	\$500
	INDIVIDUAL WITH FAMILY	\$250	\$250	\$250	\$200	\$500
	FAMILY COVERAGE	\$500	\$500	\$500	\$400	\$1,000
ANNUAL OUT-OF-POCKET MAXIMUM ²	SELF-ONLY COVERAGE	\$6,750	\$6,750	\$7,550	\$7,550	\$7,550
	INDIVIDUAL WITH FAMILY	\$6,750	\$6,750	\$7,550	\$7,550	\$7,550
	FAMILY COVERAGE	\$13,500	\$13,500	\$15,100	\$15,100	\$15,100
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 visits, primary care		\$40 per visit	\$40 per visit	\$50 per visit	\$45 per visit	\$75 per visit AD ¹¹
Office visits, specialist		\$40 per visit	\$40 per visit	\$50 per visit	\$80 per visit	\$105 per visit AD ¹¹
Adult and pediatric vision examination		CIF	CIF	CIF	CIF	CIF
Outpatient surgery, facility		\$500 per visit AD	\$500 per visit AD	30% AD ¹⁰	20% ¹⁰	100% AD ¹⁰
Outpatient surgery, professional		CIF	CIF	30% AD ¹⁰	20% ¹⁰	100% AD ¹⁰
Laboratory tests		CIF	CIF	\$50 per visit	\$40 per visit	\$40 per visit
X-ray and diagnostic imaging		CIF	CIF	\$80 per visit	\$75 per visit	100% AD ¹⁰
Imaging (CT/PET scans and MRIs)		\$250 per visit	\$250 per visit	\$500 per visit AD	\$300 per visit	100% AD ¹⁰
HOSPITALIZATION SERVICES						
Hospital inpatient, facility		\$500 per day AD, days 1-5	\$500 per day AD, days 1-5	30% AD ¹⁰	20% AD ¹⁰	100% AD ¹⁰
Hospital inpatient, professional		CIF	CIF	CIF	20% AD ¹⁰	100% AD ¹⁰
BEHAVIORAL HEALTH SERVICES: Mental Health and Substance Abuse						
Behavioral health office visits		\$40 per visit	\$40 per visit	\$50 per visit	\$45 per visit	\$75 per visit AD ¹¹
Behavioral health outpatient services		CIF	CIF	CIF	CIF	CIF AD
Behavioral health inpatient, facility		\$500 per day AD, days 1-5	\$500 per day AD, days 1-5	30% AD ¹⁰	20% AD ¹⁰	100% AD ¹⁰
OTHER SERVICES						
Emergency room, facility (waived if admitted)		\$275 per visit AD	\$275 per visit AD	30% AD ¹⁰	\$350 per visit	100% AD ¹⁰
Emergency room, professional		CIF	CIF	CIF	CIF	CIF
Urgent care center		\$50 per visit	\$50 per visit	\$50 per visit	\$45 per visit	\$75 per visit AD ¹¹
Ambulance services		CIF	CIF	CIF	\$250 per trip AD	100% AD ¹⁰
Durable medical equipment ⁵		20% ¹⁰	20% ¹⁰	20% ¹⁰	20% ¹⁰	100% AD ¹⁰
Home health services, up to 100 visits		CIF	CIF	CIF	\$45 per visit	100% AD ¹⁰
Acupuncture ⁶		\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit AD ¹¹
Chiropractic, up to 20 visits ⁶		\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
Pediatric eyewear ⁷ and dental ⁸ , up to age 19		Eyewear at no cost Diagnostic and preventive dental care at no cost; see additional benefit info				
PRESCRIPTION SERVICES (30-day supply) ⁹						
Tier 1 — preferred generic medication		\$10	\$10	\$25	\$15 AD	100% up to \$500 per prescription AD ¹⁰
Tier 2 — preferred brand name medication		\$50 AD	\$50 AD	\$50 AD	\$55 AD	
Tier 3 — non-preferred medication		\$75 AD	\$75 AD	\$75 AD	\$85 AD	
Tier 4 — specialty medication		20% up to \$250 AD ¹⁰	20% up to \$250 AD ¹⁰	20% up to \$250 AD ¹⁰	20% up to \$250 AD ¹⁰	

DIRECT FROM WHA

HSA-COMPATIBLE HIGH-DEDUCTIBLE PLANS

		GATEWAY PLANS			CAPITAL PLAN
		GATEWAY 2000 Gold 80 HDHP HMO	GATEWAY 1500 Silver 70 HDHP HMO	GATEWAY 6500 Bronze 60 HDHP HMO	CAPITAL 2500 Silver 70 HDHP HMO
MEDICAL DEDUCTIBLE ¹	SELF-ONLY COVERAGE	\$2,000	\$1,500	\$6,500	\$2,500
	INDIVIDUAL WITH FAMILY	\$2,700	\$2,700	\$6,500	\$2,500
	FAMILY COVERAGE	\$4,000	\$3,000	\$13,000	\$5,000
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	\$4,000	\$6,550	\$6,500	\$6,650
	INDIVIDUAL WITH FAMILY	\$4,000	\$6,550	\$6,500	\$6,650
	FAMILY COVERAGE	\$8,000	\$13,100	\$13,000	\$13,300
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 visits, primary care		CIF AD	\$20 per visit AD	CIF AD	20% AD ¹⁰
Office visits, specialist		CIF AD	\$20 per visit AD	CIF AD	20% AD ¹⁰
Adult and pediatric vision examination		CIF	CIF	CIF	CIF
Outpatient surgery, facility		CIF AD	30% AD ¹⁰	CIF AD	20% AD ¹⁰
Outpatient surgery, professional		CIF AD	CIF AD	CIF AD	20% AD ¹⁰
Laboratory tests		CIF AD	CIF AD	CIF AD	20% AD ¹⁰
X-ray and diagnostic imaging		CIF AD	CIF AD	CIF AD	20% AD ¹⁰
Imaging (CT/PET scans and MRIs)		CIF AD	30% AD ¹⁰	CIF AD	20% AD ¹⁰
HOSPITALIZATION SERVICES					
Hospital inpatient, facility		CIF AD	30% AD ¹⁰	CIF AD	20% AD ¹⁰
Hospital inpatient, professional		CIF AD	CIF AD	CIF AD	20% AD ¹⁰
BEHAVIORAL HEALTH SERVICES: Mental Health and Substance Abuse					
Behavioral health office visits		CIF AD	\$20 per visit AD	CIF AD	20% AD ¹⁰
Behavioral health outpatient services		CIF AD	CIF AD	CIF AD	CIF AD
Behavioral health inpatient, facility		CIF AD	30% AD ¹⁰	CIF AD	20% AD ¹⁰
OTHER SERVICES					
Emergency room, facility (waived if admitted)		CIF AD	30% AD ¹⁰	CIF AD	20% AD ¹⁰
Emergency room, professional		CIF AD	CIF AD	CIF AD	CIF AD
Urgent care center		CIF AD	\$50 per visit AD	CIF AD	20% AD ¹⁰
Ambulance services		CIF AD	CIF AD	CIF AD	20% AD ¹⁰
Durable medical equipment ⁵		CIF AD	20% AD ¹⁰	CIF AD	20% AD ¹⁰
Home health services, up to 100 visits		CIF AD	CIF AD	CIF AD	20% AD ¹⁰
Acupuncture ⁶		CIF AD	CIF AD	CIF AD	CIF AD
Chiropractic, up to 20 visits ⁶		CIF AD	CIF AD	CIF AD	CIF AD
Pediatric eyewear ⁷ and dental ⁸ , up to age 19		Eyewear at no cost Diagnostic and preventive dental care at no cost; see additional benefit info			
PRESCRIPTION SERVICES (30-day supply) ⁹					
Tier 1 — preferred generic medication		CIF AD	\$25 AD	CIF AD	20% up to \$250 per prescription AD ¹⁰
Tier 2 — preferred brand name medication		\$30 AD	\$50 AD		
Tier 3 — non-preferred medication		\$50 AD	\$75 AD		
Tier 4 — specialty medication		20% up to \$250 AD ¹⁰	20% up to \$250 AD ¹⁰		

TRADITIONAL PLANS		SIERRA PLANS		CAPITAL PLANS	
		SIERRA 25 Platinum 90 HMO	SIERRA 40 Gold 80 HMO	CAPITAL 15 Platinum 90 HMO	CAPITAL 30 Gold 80 HMO
MEDICAL DEDUCTIBLE ¹	SELF-ONLY COVERAGE	None	None	None	None
	INDIVIDUAL WITH FAMILY	None	None	None	None
	FAMILY COVERAGE	None	None	None	None
PRESCRIPTION DEDUCTIBLE ¹	SELF-ONLY COVERAGE	None	None	None	None
	INDIVIDUAL WITH FAMILY	None	None	None	None
	FAMILY COVERAGE	None	None	None	None
ANNUAL OUT-OF-POCKET MAXIMUM ²	SELF-ONLY COVERAGE	\$4,000	\$6,750	\$3,350	\$7,200
	INDIVIDUAL WITH FAMILY	\$4,000	\$6,750	\$3,350	\$7,200
	FAMILY COVERAGE	\$8,000	\$13,500	\$6,700	\$14,400
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 visits, primary care		\$25 per visit	\$40 per visit	\$15 per visit	\$30 per visit
Office visits, specialist		\$25 per visit	\$40 per visit	\$30 per visit	\$55 per visit
Adult and pediatric vision examination		CIF	CIF	CIF	CIF
Outpatient surgery, facility		\$100 per visit	\$300 per visit	\$100 per visit	\$300 per visit
Outpatient surgery, professional		CIF	CIF	\$25 per visit	\$40 per visit
Laboratory tests		CIF	\$40 per visit	\$15 per visit	\$35 per visit
X-ray and diagnostic imaging		CIF	\$40 per visit	\$30 per visit	\$55 per visit
Imaging (CT/PET scans and MRIs)		\$100 per visit	\$300 per visit	\$75 per visit	\$275 per visit
HOSPITALIZATION SERVICES					
Hospital inpatient, facility		\$250 per day, days 1-5	\$600 per day	\$250 per day, days 1-5	\$600 per day, days 1-5
Hospital inpatient, professional		CIF	CIF	CIF	CIF
BEHAVIORAL HEALTH SERVICES: Mental Health and Substance Abuse					
Behavioral health office visits		\$25 per visit	\$40 per visit	\$15 per visit	\$30 per visit
Behavioral health outpatient services		CIF	CIF	\$15 per visit	\$30 per visit
Behavioral health inpatient, facility		\$250 per day, days 1-5	\$600 per day	\$250 per day, days 1-5	\$600 per day, days 1-5
OTHER SERVICES					
Emergency room, facility (waived if admitted)		\$150 per visit	\$300 per visit	\$150 per visit	\$325 per visit
Emergency room, professional		CIF	CIF	CIF	CIF
Urgent care center		\$50 per visit	\$100 per visit	\$15 per visit	\$30 per visit
Ambulance services		CIF	CIF	\$150 per trip	\$250 per trip
Durable medical equipment ⁵		20% ¹⁰	20% ¹⁰	10% ¹⁰	20% ¹⁰
Home health services, up to 100 visits		CIF	CIF	\$20 per visit	\$30 per visit
Acupuncture ⁶		\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
Chiropractic, up to 20 visits ⁶		\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
Pediatric eyewear ⁷ and dental ⁸ , up to age 19		Eyewear at no cost Diagnostic and preventive dental care at no cost; see additional benefit info			
PRESCRIPTION SERVICES (30-day supply) ⁹					
Tier 1 — preferred generic medication		\$10	\$20	\$5	\$15
Tier 2 — preferred brand name medication		\$30	\$50	\$15	\$55
Tier 3 — non-preferred medication		\$50	\$75	\$25	\$75
Tier 4 — specialty medication		20% up to \$250 ¹⁰	20% up to \$250 ¹⁰	10% up to \$250 ¹⁰	20% up to \$250 ¹⁰

AVAILABLE IN CALCHOICE

		SIERRA PLANS		CAPITAL PLANS	
		SIERRA 4010 Gold 80 HMO	SIERRA 50 Silver 70 HMO	CAPITAL 2000 Silver 70 HMO	CAPITAL 6300 Bronze 60 HMO
DEDUCTIBLE PLANS					
MEDICAL DEDUCTIBLE ¹	SELF-ONLY COVERAGE	\$1,000	\$2,400	\$2,000	\$6,300
	INDIVIDUAL WITH FAMILY	\$1,000	\$2,400	\$2,000	\$6,300
	FAMILY COVERAGE	\$2,000	\$4,800	\$4,000	\$12,600
PRESCRIPTION DEDUCTIBLE ¹	SELF-ONLY COVERAGE	\$250	\$250	\$200	\$500
	INDIVIDUAL WITH FAMILY	\$250	\$250	\$200	\$500
	FAMILY COVERAGE	\$500	\$500	\$400	\$1,000
ANNUAL OUT-OF-POCKET MAXIMUM ²	SELF-ONLY COVERAGE	\$6,750	\$7,550	\$7,550	\$7,550
	INDIVIDUAL WITH FAMILY	\$6,750	\$7,550	\$7,550	\$7,550
	FAMILY COVERAGE	\$13,500	\$15,100	\$15,100	\$15,100
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 visits, primary care		\$40 per visit	\$50 per visit	\$45 per visit	\$75 per visit AD ¹¹
Office visits, specialist		\$40 per visit	\$50 per visit	\$80 per visit	\$105 per visit AD ¹¹
Adult and pediatric vision examination		CIF	CIF	CIF	CIF
Outpatient surgery, facility		\$500 per visit AD	\$300 per visit AD	20% ¹⁰	100% AD ¹⁰
Outpatient surgery, professional		CIF	30% AD ¹⁰	20% ¹⁰	100% AD ¹⁰
Laboratory tests		CIF	\$50 per visit	\$40 per visit	\$40 per visit
X-ray and diagnostic imaging		CIF	\$50 per visit	\$75 per visit	100% AD ¹⁰
Imaging (CT/PET scans and MRIs)		\$250 per visit	\$300 per visit	\$300 per visit	100% AD ¹⁰
HOSPITALIZATION SERVICES					
Hospital inpatient, facility		\$500 per day AD, days 1-5	20% AD ¹⁰	20% AD ¹⁰	100% AD ¹⁰
Hospital inpatient, professional		CIF	CIF	20% AD ¹⁰	100% AD ¹⁰
BEHAVIORAL HEALTH SERVICES: Mental Health and Substance Abuse					
Behavioral health office visits		\$40 per visit	\$50 per visit	\$45 per visit	\$75 per visit AD ¹¹
Behavioral health outpatient services		CIF	CIF	CIF	CIF
Behavioral health inpatient, facility		\$500 per day AD, days 1-5	20% AD ¹⁰	20% AD ¹⁰	100% AD ¹⁰
OTHER SERVICES					
Emergency room, facility (waived if admitted)		\$275 per visit AD	20% AD ¹⁰	\$350 per visit	100% AD ¹⁰
Emergency room, professional		CIF	CIF	CIF	CIF
Urgent care center		\$50 per visit	\$100 per visit AD	\$45 per visit	\$75 per visit AD ¹¹
Ambulance services		CIF	CIF	\$250 per trip AD	100% AD ¹⁰
Durable medical equipment ⁵		20% ¹⁰	20% ¹⁰	20% ¹⁰	100% AD ¹⁰
Home health services, up to 100 visits		CIF	CIF	\$45 per visit	100% AD ¹⁰
Acupuncture ⁶		\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit AD ¹¹
Chiropractic, up to 20 visits ⁶		\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
Pediatric eyewear ⁷ and dental ⁸ , up to age 19		Eyewear at no cost Diagnostic and preventive dental care at no cost; see additional benefit info			
PRESCRIPTION SERVICES (30-DAY SUPPLY) ⁹					
Tier 1 — preferred generic medication		\$10	\$15	\$15 AD	100% up to \$500 per prescription AD ¹⁰
Tier 2 — preferred brand name medication		\$50 AD	\$55 AD	\$55 AD	
Tier 3 — non-preferred medication		\$75 AD	\$85 AD	\$85 AD	
Tier 4 — specialty medication		20% up to \$250 AD ¹⁰	20% up to \$250 AD ¹⁰	20% up to \$250 AD ¹⁰	

AVAILABLE IN CALCHOICE

		SIERRA PLANS		CAPITAL PLAN
HSA-COMPATIBLE HIGH-Deductible PLANS		SIERRA 2000 Gold 80 HDHP HMO	SIERRA 6500 Bronze 60 HDHP HMO	CAPITAL 2500 Silver 70 HDHP HMO
MEDICAL DEDUCTIBLE ¹	SELF-ONLY COVERAGE	\$2,000	\$6,500	\$2,500
	INDIVIDUAL WITH FAMILY	\$2,700	\$6,500	\$2,500
	FAMILY COVERAGE	\$4,000	\$13,000	\$5,000
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	\$4,000	\$6,500	\$6,650
	INDIVIDUAL WITH FAMILY	\$4,000	\$6,500	\$6,650
	FAMILY COVERAGE	\$8,000	\$13,000	\$13,300
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 visits, primary care		CIF AD	CIF AD	20% AD ¹⁰
Office visits, specialist		CIF AD	CIF AD	20% AD ¹⁰
Adult and pediatric vision examination		CIF	CIF	CIF
Outpatient surgery, facility		CIF AD	CIF AD	20% AD ¹⁰
Outpatient surgery, professional		CIF AD	CIF AD	20% AD ¹⁰
Laboratory tests		CIF AD	CIF AD	20% AD ¹⁰
X-ray and diagnostic imaging		CIF AD	CIF AD	20% AD ¹⁰
Imaging (CT/PET scans and MRIs)		CIF AD	CIF AD	20% AD ¹⁰
HOSPITALIZATION SERVICES				
Hospital inpatient, facility		CIF AD	CIF AD	20% AD ¹⁰
Hospital inpatient, professional		CIF AD	CIF AD	20% AD ¹⁰
BEHAVIORAL HEALTH SERVICES: Mental Health and Substance Abuse				
Behavioral health office visits		CIF AD	CIF AD	20% AD ¹⁰
Behavioral health outpatient services		CIF AD	CIF AD	CIF AD
Behavioral health inpatient, facility		CIF AD	CIF AD	20% AD ¹⁰
OTHER SERVICES				
Emergency room, facility (waived if admitted)		CIF AD	CIF AD	20% AD ¹⁰
Emergency room, professional		CIF AD	CIF AD	CIF AD
Urgent care center		CIF AD	CIF AD	20% AD ¹⁰
Ambulance services		CIF AD	CIF AD	20% AD ¹⁰
Durable medical equipment ⁵		CIF AD	CIF AD	20% AD ¹⁰
Home health services, up to 100 visits		CIF AD	CIF AD	20% AD ¹⁰
Acupuncture ⁶		CIF AD	CIF AD	CIF AD
Chiropractic, up to 20 visits ⁶		CIF AD	CIF AD	CIF AD
Pediatric eyewear ⁷ and dental ⁸ , up to age 19		Eyewear at no cost Diagnostic and preventive dental care at no cost; see additional benefit info		
PRESCRIPTION SERVICES (30-DAY SUPPLY) ⁹				20% up to \$250 per prescription AD ¹⁰
Tier 1 — preferred generic medication		CIF AD	CIF AD	
Tier 2 — preferred brand name medication		\$30 AD	CIF AD	
Tier 3 — non-preferred medication		\$50 AD	CIF AD	
Tier 4 — specialty medication		20% up to \$250 AD ¹⁰	CIF AD	

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 MESVision 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 \$200 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 Vision plans are underwritten and administered by MESVision. Available to groups with 2 or more enrolled employees.
- ¹⁴ Contact lenses in lieu of lenses and frames are covered at a 12-month interval if the prescription change so indicates.
- ¹⁵ DeltaCare USA and Delta Dental PPO plans are underwritten and administered by Delta Dental of California. Available to all groups.



OPTIONAL RIDERS

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 ¹²				
Infertility services	50% benefit, subject to limitations			

VISION PLANS ¹³	Full Service \$0	Full Service \$10	Eyewear Only \$0	Eyewear Only \$10
Copayment	None	\$10	None	\$10
Annual exam	12 Months	12 Months	N/A	N/A
Lenses ¹⁴	24 Months	24 Months	24 Months	24 Months
Frames	24 Months	24 Months	24 Months	24 Months
Contact lenses ¹⁴	24 Months	24 Months	24 Months	24 Months

ADULT DENTAL PLANS ¹⁵	DeltaCare® USA	Delta Dental PPO SM
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



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