



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 01.01.26	PREMIER 0/15/0 HMO PRIME	PREMIER 0/40/0 HMO PRIME	WESTERN 1000/20/20% HMO PRIME
Medical Deductible (Self-Only/Individual/Family)	none	none	\$1,000 • \$1,000 • \$2,000
Prescription Deductible (Self-Only/Individual/Family)	none	none	none
Annual Out-of-pocket Max (Self-Only/Individual/Family)	\$1,500 • \$1,500 • \$3,000	\$1,500 • \$1,500 • \$3,000	\$5,000 • \$5,000 • \$10,000
Preventive Care Services – Covered in Full 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, primary care • specialist	\$15 • \$15	\$40 • \$40	\$20 • \$20
Annual vision exam • hearing exam ¹	none • \$15	none • \$40	none • \$20
Outpatient surgery (performed in office setting)	\$15	\$40	\$20
Outpatient surgery (facility)	\$100	\$100	\$250 AD
Laboratory test • X-ray and diagnostic imaging	CIF • CIF	CIF • CIF	CIF • CIF
Imaging (CT/PET scans and MRIs)	CIF	CIF	CIF
Hospital inpatient, facility (days) • professional	CIF • CIF	CIF • CIF	20% AD • 20% AD
Behavioral health office or virtual visits	\$15	\$40	\$20
Behavioral health outpatient/inpatient services	CIF	CIF	CIF • 20% AD
Emergency room, facility (waived if admitted) • professional	\$100 • CIF	\$100 • CIF	20% AD • 20% AD
Urgent care virtual visit • Urgent care center	\$20 • \$20	\$45 • \$50	\$25 • \$50
Ambulance services	CIF	CIF	CIF
Durable medical equipment	20%	20%	20%
Acupuncture • Chiropractic care ¹ , up to 20 visits per year	\$15 • \$15	\$15 • \$15	\$15 • \$15
INCLUDES PRESCRIPTION DRUG COVERAGE	RX CLASSIC	RX CLASSIC	RX CLASSIC
TIER 1 — TIER 3 (Retail 30-day supply)	\$10 • \$30 • \$50	\$10 • \$30 • \$50	\$10 • \$30 • \$50
TIER 1 — TIER 3 (Home delivery 100-day supply)	\$20 • \$60 • \$100	\$20 • \$60 • \$100	\$20 • \$60 • \$100
TIER 4 (Specialty 30-day supply)	\$100	\$100	\$100

¹ Copayments do not contribute to the medical out-of-pocket maximum

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



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