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 01.01.27**	**PREMIER 0/15/0A HMO PRIME**	**WESTERN 1750/0/0 HDHP HMO PRIME**
Medical Deductible (Self-Only/Individual/Family)	none	$1,750 • $3,500 • $3,500
Prescription Deductible (Self-Only/Individual/Family)	none	combined with medical
Annual Out-of-pocket Max (Self-Only/Individual/Family)	$1,500 • $1,500 • $3,000	$3,500 • $3,500 • $3,500
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	CIF AD
Annual vision exam • hearing exam[1]	CIF • $15	CIF • CIF
Outpatient surgery (performed in office setting)	$15	CIF AD
Outpatient surgery (facility)	$15	CIF AD
Laboratory test, X-ray and diagnostic imaging	CIF	CIF AD
Imaging (CT/PET scans and MRIs)	CIF	CIF AD
Hospital inpatient, facility (days) • professional	CIF • CIF	CIF AD • CIF AD
Behavioral health office or virtual visits	$15	CIF AD
Behavioral health outpatient • inpatient services	CIF • CIF	CIF AD • CIF AD
Emergency room, facility (waived if admitted) • professional	$35 • CIF	CIF AD • CIF AD
Urgent care virtual visit • Urgent care center	$15 • $15	CIF AD • CIF AD
Ambulance services	CIF	CIF AD
Durable medical equipment	CIF	CIF AD
Acupuncture • Chiropractic care[1], up to 20 visits per year	$15 • $15	not covered
INCLUDES PRESCRIPTION DRUG COVERAGE	**RX 10/20/35/100**	**INCLUDED IN MEDICAL**
TIER 1 — TIER 3 (Retail 30-day supply)	$10 • $20 • $35	$10 AD • $20 AD • $35 AD
TIER 1 — TIER 3 (Home delivery 100-day supply)	$20 • $40 • $70	$20 AD • $40 AD • $70 AD
TIER 4 (Specialty 30-day supply)	$100	$100 AD

[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

SACRAMENTO COUNTY

choosewha.com/saccounty