



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 0/15/0A HMO PRIME	WESTERN 1700/0/0 HDHP HMO PRIME
Medical Deductible (Self-Only/Individual/Family)	none	\$1,700 • \$3,400 • \$3,400
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	\$3,400 • \$3,400 • \$3,400
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	CIF AD • 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 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

