



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	ADVANTAGE 0/20/250A HMO PRIME	WESTERN 1000/20/20% HMO PRIME	WESTERN 2500/40/500 HMO PRIME	WESTERN 4500/50/40% HMO PRIME
Medical Deductible (Self-Only/Individual/Family)	none	\$1,000 • \$1,000 • \$2,000	\$2,500 • \$2,500 • \$5,000	\$4,500 • \$4,500 • \$9,000
Prescription Deductible (Self-Only/Individual/Family)	none	none	none	none
Annual Out-of-pocket Max (Self-Only/Individual/Family)	\$2,500 • \$2,500 • \$5,000	\$5,000 • \$5,000 • \$10,000	\$5,000 • \$5,000 • \$10,000	\$6,500 • \$6,500 • \$13,000
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	\$20 • \$20	\$20 • \$20	\$40 • \$40	\$50 • \$50
Annual vision exam • hearing exam ¹	CIF • \$20	CIF • \$20	CIF • \$40	CIF • \$50
Outpatient surgery (performed in office setting)	\$20	\$20	\$40	\$50
Outpatient surgery (facility)	\$100	\$250 AD	\$250 AD	40% AD
Laboratory test • X-ray and diagnostic imaging	CIF • CIF	CIF • CIF	CIF • CIF	CIF AD • CIF AD
Imaging (CT/PET scans and MRIs)	CIF	CIF	CIF	CIF AD
Hospital inpatient, facility (days) • professional	\$250 • CIF	20% AD • 20% AD	\$500 • CIF	40% AD • 40% AD
Behavioral health office or virtual visits	\$20	\$20	\$40	\$50
Behavioral health outpatient • inpatient services	CIF • CIF	CIF • 20% AD	CIF • CIF	CIF • 40% AD
Emergency room, facility (waived if admitted) • professional	\$100 • CIF	20% AD • 20% AD	\$100 AD • CIF	40% AD • 40% AD
Urgent care virtual visit • Urgent care center	\$25 • \$35	\$25 • \$50	\$45 • \$50	\$49 • \$50
Ambulance services	CIF	CIF	CIF	40% AD
Durable medical equipment	20%	20%	20%	40% AD
Acupuncture • Chiropractic care ¹ , up to 20 visits per year	\$15 • \$15	\$15 • \$15	\$15 • \$15	\$15 • \$15
INCLUDES PRESCRIPTION DRUG COVERAGE	RX CLASSIC	RX CLASSIC	RX BASE	RX BASE
TIER 1 — TIER 3 (Retail 30-day supply)	\$10 • \$30 • \$50	\$10 • \$30 • \$50	\$15 • \$50 • \$75	\$15 • \$50 • \$75
TIER 1 — TIER 3 (Home delivery 100-day supply)	\$20 • \$60 • \$100	\$20 • \$60 • \$100	\$30 • \$100 • \$150	\$30 • \$100 • \$150
TIER 4 (Specialty 30-day supply)	\$100	\$100	\$250	\$250

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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