



## 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.

<b>MEDICAL PLAN COMPARISON EFFECTIVE 01.01.24</b>	<b>ADVANTAGE 0/20/250A HMO PRIME</b>	<b>ADVANTAGE 0/20/500 HMO PRIME</b>
<b>Medical Deductible</b> (Self-Only/Individual/Family)	none	none
<b>Prescription Deductible</b> (Self-Only/Individual/Family)	n/a	n/a
<b>Annual Out-of-pocket Max</b> (Self-Only/Individual/Family)	\$1,500/\$1,500/\$2,500	\$2,500/\$2,500/\$4,500
<b>Preventive Care Services – Covered in Full</b>	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	\$20 per visit	\$20 per visit
Annual eye and hearing exams	\$20 per visit	\$20 per visit
Outpatient surgery (performed in office setting)	\$20 per visit	\$20 per visit
Outpatient surgery (facility)	\$100 per visit	\$100 per visit
Laboratory test, x-rays and diagnostic imaging	covered in full	covered in full
Imaging (CT/PET scans and MRIs)	covered in full	covered in full
Hospital inpatient, facility	\$250 per admission	\$500 per day (days 1-5)
Hospital inpatient, professional	covered in full	covered in full
Behavioral health office or virtual visits	\$20 per visit	\$20 per visit
Behavioral health outpatient services	covered in full	covered in full
Behavioral health inpatient services	\$250 per admission	\$500 per day (days 1-5)
Emergency room (waived if admitted)	\$100 per visit	\$100 per visit
Urgent care virtual visit/Urgent care center	\$25/\$35 per visit	\$25/\$35 per visit
Ambulance services	covered in full	covered in full
Durable medical equipment	20%	20%
Pregnancy support/Pre-implantation genetic testing	50% (see Family & Diversity plan)	50% (see Family & Diversity plan)
Home self-injectable medication (30-day supply)	20% up to \$100	20% up to \$100
Acupuncture and Chiropractic care, up to 20 visits each	\$15 per visit	\$15 per visit
<b>INCLUDES PRESCRIPTION DRUG COVERAGE</b>	<b>RX 10/30/50</b>	<b>RX 10/30/50</b>
TIER 1 / TIER 2 / TIER 3 (Retail 30-day supply)	\$10/\$30/\$50	\$10/\$30/\$50



## WHA PLAN COMPARISON

<b>MEDICAL PLAN COMPARISON EFFECTIVE 01.01.24</b>	<b>WESTERN 1000/20/20% HMO PRIME</b>	<b>WESTERN 2500/40/50 HMO PRIME</b>	<b>WESTERN 4500/50/40% HMO PRIME</b>	<b>WESTERN 1800/0/0 HDHP HMO PRIME</b>
<b>Medical Deductible</b> (Self-Only/Individual/Family)	\$1,000/\$1,000/ \$2,000	\$2,500/\$2,500/ \$5,000	\$4,500/\$4,500/ \$9,000	\$1,800/\$3,200/ \$3,600
<b>Prescription Deductible</b> (Self-Only/Individual/Family)	n/a	\$150 brand or non-preferred	n/a	combined with medical
<b>Annual Out-of-pocket Max</b> (Self-Only/Individual/Family)	\$3,000/\$3,000/ \$6,000	\$5,000/\$5,000/ \$10,000	\$6,350/\$6,350/ \$12,700	\$3,600/\$3,600/ \$7,200
<b>Preventive Care Services – Covered in Full</b>	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	\$20 per visit	\$40 per visit	\$50 per visit	CIF AD
Annual eye and hearing exams	\$20 per visit	\$40 per visit	\$50 per visit	CIF
Outpatient surgery (performed in office setting)	\$20 per visit	\$40 per visit	\$50 per visit	CIF AD
Outpatient surgery (facility)	\$250 per visit AD	\$250 per visit AD	40% AD	CIF AD
Laboratory test, x-rays and diagnostic imaging	CIF	CIF	CIF AD	CIF AD
Imaging (CT/PET scans and MRIs)	CIF	CIF	CIF AD	CIF AD
Hospital inpatient, facility	20% AD	\$500 per day AD	40% AD	CIF AD
Hospital inpatient, professional	20% AD	CIF	40% AD	CIF AD
Behavioral health office or virtual visits	\$20 per visit	\$40 per visit	\$50 per visit	CIF AD
Behavioral health outpatient services	CIF	CIF	CIF	CIF AD
Behavioral health inpatient services	20% AD	\$500 per day AD	40% AD	CIF AD
Emergency room (waived if admitted)	20% AD	\$100 AD	40% AD	CIF AD
Urgent care virtual visit/Urgent care center	\$25/\$50 per visit	\$45/\$50 per visit	\$49/\$50 per visit	CIF AD
Ambulance services	CIF	CIF	40% AD	CIF AD
Durable medical equipment	20%	20%	40% AD	CIF AD
Pregnancy support/Pre-implantation genetic testing	50% (see Family & Diversity plan)	50% (see Family & Diversity plan)	50% (see Family & Diversity plan)	50% (see Family & Diversity plan)
Home self-injectable medication (30-day supply)	20% up to \$100	20% up to \$100	20% up to \$100	CIF AD
Acupuncture and Chiropractic care, up to 20 visits each	\$15 per visit	\$15 per visit	\$15 per visit	CIF AD
<b>INCLUDES PRESCRIPTION DRUG COVERAGE</b>	<b>RX 10/30/50</b>	<b>RX 10/30/50 DEDUCTIBLE</b>	<b>RX 15/50/75</b>	<b>INCLUDED IN MEDICAL</b>
TIER 1 / TIER 2 / TIER 3 (Retail 30-day supply)	\$10/\$30/\$50	\$10/\$30 AD/ \$50 AD	\$15/\$50/\$75	CIF AD/\$30 AD/ \$50 AD

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

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