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 01.01.24**	**PREMIER 0/15/0 HMO PRIME**	**WESTERN 1800/0/0 HDHP HMO PRIME**
Medical Deductible (Self-Only/Individual/Family)	none	$1,800/$3,200/$3,600
Prescription Deductible (Self-Only/Individual/Family)	n/a	combined with medical
Annual Out-of-pocket Max (Self-Only/Individual/Family)	$1,500/$1,500/$2,500	$3,600/$3,600/$7,200
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	$15 per visit	covered in full after deductible
Annual eye and hearing exams	$15 per visit	covered in full
Outpatient surgery (performed in office setting)	$15 per visit	covered in full after deductible
Outpatient surgery (facility)	$100 per visit	covered in full after deductible
Laboratory test, x-rays and diagnostic imaging	covered in full	covered in full after deductible
Imaging (CT/PET scans and MRIs)	covered in full	covered in full after deductible
Hospital inpatient, facility	covered in full	covered in full after deductible
Hospital inpatient, professional	covered in full	covered in full after deductible
Behavioral health office or virtual visits	$15 per visit	covered in full after deductible
Behavioral health outpatient services	covered in full	covered in full after deductible
Behavioral health inpatient services	covered in full	covered in full after deductible
Emergency room (waived if admitted)	$100 per visit	covered in full after deductible
Urgent care virtual visit/Urgent care center	$20 per visit	covered in full after deductible
Ambulance services	covered in full	covered in full after deductible
Durable medical equipment	20%	covered in full after deductible
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	covered in full after deductible
Acupuncture and Chiropractic care, up to 20 visits each	$15 per visit	covered in full after deductible
Infertility services	50% (see Infertility A)	50% (see Infertility A)
INCLUDES PRESCRIPTION DRUG COVERAGE	**RX 10/20/30**	**INCLUDED IN MEDICAL**
TIER 1 / TIER 2 / TIER 3 (Retail 30-day supply)	$10/$20/$30	covered in full after deductible/$30/$50

learn more > choosewha.com/scusd