



**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 01.01.25	ACTIVE EMPLOYEES	EARLY RETIREES
	PREMIER 0/20/0A HMO PRIME	
Medical Deductible (Self-Only/Individual/Family)	none	none
Prescription Deductible (Self-Only/Individual/Family)	none	none
Annual Out-of-pocket Max (Self-Only/Individual/Family)	\$1,500 • \$1,500 • \$2,500	\$1,500 • \$1,500 • \$2,500
<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	covered in full	covered in full
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	covered in full	covered in full
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)
Acupuncture and Chiropractic care, up to 20 visits each	\$15 per visit	\$15 per visit
Infertility services	50% (see Infertility A)	50% (see Infertility A)
INCLUDES PRESCRIPTION DRUG COVERAGE	RX 10/25/35/100	RX CLASSIC
TIER 1 — TIER 3 (Retail 30-day supply)	\$10 • \$25 • \$35	\$10 • \$30 • \$50
TIER 1 — TIER 3 (Home delivery 100-day supply)	\$20 • \$50 • \$70	\$20 • \$60 • \$100
TIER 4 (Specialty 30-day supply)	\$100	\$100

