



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	ACTIVE EMPLOYEES		EARLY RETIREES
	PREMIER 0/20/0 HMO PRIME	WESTERN 1800/0/0 HDHP HMO PRIME	WESTERN 1000/40/500 HMO PRIME
Medical Deductible (Self-Only/Individual/Family)	none	\$1,800 • \$3,400 • \$3,600	\$1,000 • \$1,000 • \$2,000
Prescription Deductible (Self-Only/Individual/Family)	none	combined with medical	none
Annual Out-of-pocket Max (Self-Only/Individual/Family)	\$1,500 • \$1,500 • \$3,000	\$3,600 • \$3,600 • \$7,200	\$5,000 • \$5,000 • \$10,000
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	CIF AD • CIF AD	\$40 • \$40
Annual vision exam • hearing exam ¹	none • \$20	CIF • CIF	none • \$40
Outpatient surgery (performed in office setting)	\$20	CIF AD	\$40
Outpatient surgery (facility)	\$100	CIF AD	CIF • CIF
Laboratory test • X-ray and diagnostic imaging	CIF • CIF	CIF AD • CIF AD	CIF
Imaging (CT/PET scans and MRIs)	CIF	CIF AD	CIF
Hospital inpatient, facility (days) • professional	CIF • CIF	CIF AD • CIF AD	\$500/day AD • CIF
Behavioral health office or virtual visits	\$20	CIF AD	\$40
Behavioral health outpatient/inpatient services	CIF • CIF	CIF AD	CIF
Emergency room, facility (waived if admitted) • professional	\$100 • CIF	CIF AD • CIF AD	\$100 AD • CIF
Urgent care virtual visit • Urgent care center	\$25 • \$35	CIF AD • CIF AD	\$45 • \$50
Ambulance services	\$100 per visit	CIF AD	CIF
Durable medical equipment	20%	CIF AD	20%
Acupuncture • Chiropractic care ¹ , up to 20 visits per year	\$15 • \$15	CIF AD • CIF AD	\$15 • \$15
INCLUDES PRESCRIPTION DRUG COVERAGE	10/20/30/100	INCLUDED IN MEDICAL	RX CLASSIC
TIER 1 — TIER 3 (Retail 30-day supply)	\$10 • \$20 • \$30	CIF AD • \$30 AD • \$50 AD	\$10 • \$30 • \$50
TIER 1 — TIER 3 (Home delivery 100-day supply)	\$20 • \$40 • \$60	CIF AD • \$60 AD • \$100 AD	\$20 • \$60 • \$100
TIER 4 (Specialty 30-day supply)	\$100	\$100 AD	\$100

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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