



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 07.01.25	ADVANTAGE 0/25-50/250 HMO PRIME	WESTERN 1000/20/20% HMO PRIME	WESTERN 2800/40/500 HDHP HMO PRIME	WESTERN 1800/0/0 HDHP HMO PRIME
Medical Deductible (Self-Only/Individual/Family)	none	\$1,000 • \$1,000 • \$2,000	\$2,800 • \$3,300 • \$5,600	\$1,800 • \$3,300 • \$3,600
Prescription Deductible (Self-Only/Individual/Family)	\$100 per member	none	combined with medical	
Annual Out-of-pocket Max (Self-Only/Individual/Family)	\$1,500 • \$1,500 • \$3,000	\$5,000 • \$5,000 • \$10,000	\$6,500 • \$6,500 • \$13,000	\$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	\$25/\$50 per visit	\$20 per visit	\$40 per visit AD	CIF AD
Annual eye and hearing exams	\$25/\$50 per visit	\$20 per visit	CIF	CIF
Outpatient surgery (performed in office setting)	\$25/\$50 per visit	\$20 per visit	\$40 per visit AD	CIF AD
Outpatient surgery (facility)	\$100 per visit	\$250 per visit AD	\$250 per visit 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	\$250 per admission	20% AD	\$500 per day AD	CIF AD
Hospital inpatient, professional	CIF	20% AD	CIF AD	CIF AD
Behavioral health office or virtual visits	\$25 per visit	\$20 per visit	\$40 per visit AD	CIF AD
Behavioral health outpatient services	CIF	CIF	CIF AD	CIF AD
Behavioral health inpatient services	\$250 per admission	20% AD	\$500 per day AD	CIF AD
Emergency room (waived if admitted)	\$100 per visit	20% AD	\$100 per visit AD	CIF AD
Urgent care virtual visit/Urgent care center	\$30/\$35 per visit	\$25/\$50 per visit	\$45/\$50 per visit AD	CIF AD
Ambulance services	CIF	CIF	CIF	CIF AD
Durable medical equipment	20%	20%	20% AD	CIF AD
Acupuncture and Chiropractic care, up to 20 visits each	\$15 per visit	\$15 per visit	CIF AD	CIF AD
INCLUDES PRESCRIPTION DRUG COVERAGE	RX 10/30/50/100 PLUS	RX CLASSIC	INCLUDED IN MEDICAL	
TIER 1 — TIER 3 (Retail 30-day supply)	\$10 • \$30 AD • \$50 AD	\$10 • \$30 • \$50	\$10 AD • \$30 AD • \$50 AD	CIF AD • \$30 AD • \$50 AD
TIER 1 — TIER 3 (Home delivery 100-day supply)	\$20 • \$60 AD • \$100 AD	\$20 • \$60 • \$100	\$20 AD • \$60 AD • \$100 AD	CIF AD • \$60 AD • \$100 AD
TIER 4 (Specialty 30-day supply)	\$100 AD	\$100	\$100 AD	\$100 AD

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



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