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 07.01.24	ADVANTAGE 0/25-50/250 HMO PRIME	WESTERN 1800/0/0 HDHP HMO PRIME	WESTERN 2800/40/500 HDHP HMO PRIME	WESTERN 1000/20/20% HMO PRIME
Medical Deductible (Self-Only/Individual/Family)	none	$1,800/$3,200/$3,600	$2,800/$3,200/$5,600	$1,000/$1,000/$2,000
Prescription Deductible (Self-Only/Individual/Family)	$100 per member	combined with medical	combined with medical	n/a
Annual Out-of-pocket Max (Self-Only/Individual/Family)	$1,500/$1,500/$2,500	$3,600/$3,600/$7,200	$4,000/$4,000/$8,000	$3,000/$3,000/$6,000
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	$25/$50 per visit	CIF AD	$40 AD	$20 per visit
Annual eye and hearing exams	$25/$50 per visit	CIF	CIF	$20 per visit
Outpatient surgery (performed in office setting)	$25/$50 per visit	CIF AD	$40 AD	$20 per visit
Outpatient surgery (facility)	$100 per visit	CIF AD	$250 AD	$250 per visit AD
Laboratory test, x-rays and diagnostic imaging	none	CIF AD	CIF AD	none
Imaging (CT/PET scans and MRIs)	none	CIF AD	CIF AD	none
Hospital inpatient, facility	$250 per admission	CIF AD	$500/day AD	20% AD
Hospital inpatient, professional	none	CIF AD	CIF AD	20% AD
Behavioral health office or virtual visits	$25 per visit	CIF AD	$40 AD	$20 per visit
Behavioral health outpatient services	none	CIF AD	CIF AD	none
Behavioral health inpatient services	$250 per admission	CIF AD	$500/day AD	20% AD
Emergency room (waived if admitted)	$100 per visit	CIF AD	$100 AD	20% AD
Urgent care virtual visit/Urgent care center	$30/$35 per visit	CIF AD	$45 AD/$50 AD	$25/$50 per visit
Ambulance services	none	CIF AD	CIF AD	none
Durable medical equipment	20%	CIF AD	20% AD	20%
Acupuncture and Chiropractic care, up to 20 visits each	$15 per visit	CIF AD	CIF AD	$15 per visit
INCLUDES PRESCRIPTION DRUG COVERAGE	**RX 10/30/50A DEDUCTIBLE**	**INCLUDED IN MEDICAL**	**INCLUDED IN MEDICAL**	**RX 10/30/50**
TIER 1/ TIER 2/ TIER 3 (Retail 30-day supply)	$10/$30 AD/$50 AD	CIF AD/$30 AD/$50 AD	$10 AD/$30 AD/$50 AD	$10/$30/$50
OTHER: Home self-injectable medication (30-day supply)	20% up to $100	CIF AD	20% up to $100 AD	20% up to $100

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

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