

Selecting your health coverage
from Western Health Advantage



PLAN COMPARISON

FOR SMALL GROUP
1 to 100 Employees
Effective 1.1.19

Western
Health
Advantage



choosewha.com

advantage > we're passionate about health care



We are all about helping people obtain quality health care. We also support medical innovation and promote whole-person health to suit the various needs of the communities we serve. We offer affordable coverage to employer groups, individuals and families, for every stage of life. We are here to help you stay healthy and facilitate the care you need when you need it.

we're community-focused

We pride ourselves in being the choice of thousands—from Penryn to Petaluma and Sacramento to San Jose. Your community is our community. We strengthen our neighborhoods and enrich the lives of community members by supporting local organizations. Supporting the communities where we live and work is one of our core values.

added value for members

Emergency assistance when you travel
When you travel 100 or more miles from home you are eligible for assistance with medical consultations and referrals, care of a minor child, lost luggage and more.
[Assist America](#) > mywha.org/travel

Call or chat for nurse advice
Around-the-clock access to registered nurses who are ready to answer your general health questions, including direct referrals to disease management nurses.
[Nurse24](#) > mywha.org/nurse24

Access your health plan with MyWHA
You can securely access your member ID card, view benefit details and map directions to your doctor's office from your desktop or smartphone.
[Mobile Apps](#) > mywha.org/apps

Keep in touch with personal portals
You have options for communicating with your doctor. Most of our partners have online capabilities such as scheduling appointments, viewing lab test results and accessing your medical record.
[Digital Access](#) > mywha.org/connect

We encourage healthy lifestyles
Our MyWHA Wellness online portal keeps your health status right at your fingertips. Complete an assessment, set goals and follow an action plan.
[Wellness Portal](#) > mywha.org/wellness



our facilities



we're proud of our reputation

Since 1996, we've been a reliable partner in the communities we serve. We are known for acting with integrity and for interacting honestly with our partners. We build personal relationships with our members, providers, and communities. As a provider-sponsored health plan, we support the doctor-patient relationship and offer access to quality doctors and hospitals.



Note: A member's access to doctors and hospitals varies by network. Search [choosewha.com/directory](https://www.choosewha.com/directory) for details.

Alameda County

- Alameda Hospital
- Highland Hospital
- San Leandro Hospital
- UCSF Benioff Children's Hospital, Oakland
- Washington Hospital

Contra Costa County

- John Muir Medical Center, Concord
- John Muir Medical Center, Walnut Creek
- San Ramon Regional Medical Center

Marin County

- Marin General Hospital

Napa County

- Queen of the Valley Medical Center

Sacramento County

- Mercy General Hospital
- Mercy Hospital of Folsom
- Mercy San Juan Medical Center
- Methodist Hospital of Sacramento

San Francisco County

- Saint Francis Memorial Hospital
- St. Mary's Medical Center
- UCSF Benioff Children's Hospital at Mission Bay
- UCSF Medical Center at Mission Bay
- UCSF Medical Center at Parnassus

San Mateo County

- Sequoia Hospital

Santa Clara County

- Regional Medical Center of San Jose
- Good Samaritan Hospital

Solano County

- NorthBay Medical Center
- NorthBay VacaValley Hospital

Sonoma County

- Healdsburg District Hospital
- Petaluma Valley Hospital
- Santa Rosa Memorial Hospital
- Sonoma Valley Hospital
- Sonoma West Medical Center

Yolo County

- Woodland Memorial Hospital

we have plan choices for you and your employees

We provide the flexibility to customize your small group's benefit package. Review our plan options and select the coverage that benefits you and your employees best. All plans comply with the metal tiers established by the Affordable Care Act (ACA)—allowing consumers to compare plans with similar coverage—and include the Ten Essential Health Benefits.

- > **Traditional Plans** are ideal for employees looking for the most coverage for their medical care. While many services are covered in full, others require only a copayment without the hassle of meeting a deductible first.
- > **Deductible Plans** help your employees control how much they spend on health care expenses by paying for services when needed. Employees pay a copayment for office visits and/or diagnostic services while some services, such as hospitalization, are subject to a deductible.
- > **HSA-Compatible High-Deductible Plans** allow employees to build funds within their health savings account (HSA) to pay for out-of-pocket expenses. We offer **complimentary HealthEquity® HSAs** with all HDHPs sold direct from WHA. While there is no obligation to have an HSA, employees are advised to discuss the benefits with a tax consultant.



extensive plan options

The enclosed comparisons are marked "Direct From WHA" and "Available in CalChoice."

- **Gateway Plans** are unique small group plans that can only be purchased from WHA.
- **Capital Plans** are small group plans comparable to those offered on the state's exchange, Covered California™. These plans are available direct from WHA or through CalChoice.
- **Sierra Plans** are unique small group plans that are exclusive to CalChoice.

The enclosed benefit comparisons are intended to be used as a summary only. The applicable Copayment Summary and Combined Evidence of Coverage and Disclosure Form (EOC/DF) should be consulted for a detailed description of coverage benefits and limitations. Applicants have a right to review the EOC/DF prior to enrollment. A copy may be requested by calling 888.499.3198 or via email at whasales@westernhealth.com.

DIRECT FROM WHA

Some plans are pending DMHC approval

		GATEWAY PLANS			CAPITAL PLANS	
		GATEWAY 20 Platinum 90 HMO	GATEWAY 30 Platinum 90 HMO	GATEWAY 70 Platinum 90 HMO	CAPITAL 15 Platinum 90 HMO	CAPITAL 30 Gold 80 HMO
TRADITIONAL PLANS						
MEDICAL DEDUCTIBLE¹	SELF-ONLY COVERAGE	None	None	None	None	None
	INDIVIDUAL WITH FAMILY	None	None	None	None	None
	FAMILY COVERAGE	None	None	None	None	None
PRESCRIPTION DEDUCTIBLE¹	SELF-ONLY COVERAGE	None	None	None	None	None
	INDIVIDUAL WITH FAMILY	None	None	None	None	None
	FAMILY COVERAGE	None	None	None	None	None
ANNUAL OUT-OF-POCKET MAXIMUM²	SELF-ONLY COVERAGE	\$4,000	\$4,000	\$4,000	\$3,350	\$7,200
	INDIVIDUAL WITH FAMILY	\$4,000	\$4,000	\$4,000	\$3,350	\$7,200
	FAMILY COVERAGE	\$8,000	\$8,000	\$8,000	\$6,700	\$14,400
PREVENTIVE CARE SERVICES^{3, 4}						
Preventive Care is CIF — 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						
PROFESSIONAL/OUTPATIENT SERVICES³						
	Office visits, primary care	\$20 per visit	\$30 per visit	\$20 per visit	\$15 per visit	\$30 per visit
	Office visits, specialist	\$20 per visit	\$30 per visit	\$20 per visit	\$30 per visit	\$55 per visit
	Adult and pediatric vision examination	CIF	CIF	CIF	CIF	CIF
	Outpatient surgery, facility	\$100 per visit	\$100 per visit	\$100 per visit	\$100 per visit	\$300 per visit
	Outpatient surgery, professional	CIF	CIF	CIF	\$25 per visit	\$40 per visit
	Laboratory tests	CIF	CIF	CIF	\$15 per visit	\$35 per visit
	X-ray and diagnostic imaging	CIF	CIF	CIF	\$30 per visit	\$55 per visit
	Imaging (CT/PET scans and MRIs)	\$150 per visit	\$150 per visit	\$150 per visit	\$75 per visit	\$275 per visit
HOSPITALIZATION SERVICES						
	Hospital inpatient, facility	CIF	\$300 per day, days 1-3	30% ¹⁰	\$250 per day, days 1-5	\$600 per day, days 1-5
	Hospital inpatient, professional	CIF	CIF	CIF	CIF	CIF
BEHAVIORAL HEALTH SERVICES: Mental Health and Substance Abuse						
	Behavioral health office visits	\$20 per visit	\$30 per visit	\$20 per visit	\$15 per visit	\$30 per visit
	Behavioral health outpatient services	CIF	CIF	CIF	CIF	CIF
	Behavioral health inpatient, facility	CIF	\$300 per day, days 1-3	30% ¹⁰	\$250 per day, days 1-5	\$600 per day, days 1-5
OTHER SERVICES						
	Emergency room, facility (waived if admitted)	\$150 per visit	\$150 per visit	\$150 per visit	\$150 per visit	\$325 per visit
	Emergency room, professional	CIF	CIF	CIF	CIF	CIF
	Urgent care center	\$50 per visit	\$50 per visit	\$50 per visit	\$15 per visit	\$30 per visit
	Ambulance services	CIF	CIF	CIF	\$150 per trip	\$250 per trip
	Durable medical equipment ⁵	20% ¹⁰	20% ¹⁰	20% ¹⁰	10% ¹⁰	20% ¹⁰
	Home health services, up to 100 visits	CIF	CIF	CIF	\$20 per visit	\$30 per visit
	Acupuncture ⁶	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
	Chiropractic, up to 20 visits ⁶	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
	Pediatric eyewear ⁷ and dental ⁸ , up to age 19	Eyewear at no cost Diagnostic and preventive dental care at no cost; see additional benefit info				
PRESCRIPTION SERVICES (30-day supply)⁹						
	Tier 1 — preferred generic medication	\$5	\$5	\$5	\$5	\$15
	Tier 2 — preferred brand name medication	\$30	\$30	\$30	\$15	\$55
	Tier 3 — non-preferred medication	\$50	\$50	\$50	\$25	\$75
	Tier 4 — specialty medication	20% up to \$250 ¹⁰	20% up to \$250 ¹⁰	20% up to \$250 ¹⁰	10% up to \$250 ¹⁰	20% up to \$250 ¹⁰

DIRECT FROM WHA

Some plans are pending DMHC approval

DEDUCTIBLE PLANS

		GATEWAY PLANS			CAPITAL PLANS	
		GATEWAY 4010 Gold 80 HMO	GATEWAY 4020 Gold 80 HMO	GATEWAY 5020 Silver 70 HMO	CAPITAL 2000 Silver 70 HMO	CAPITAL 6300 Bronze 60 HMO
MEDICAL DEDUCTIBLE¹	SELF-ONLY COVERAGE	\$1,000	\$1,750	\$2,000	\$2,000	\$6,300
	INDIVIDUAL WITH FAMILY	\$1,000	\$1,750	\$2,000	\$2,000	\$6,300
	FAMILY COVERAGE	\$2,000	\$3,500	\$4,000	\$4,000	\$12,600
PRESCRIPTION DEDUCTIBLE¹	SELF-ONLY COVERAGE	\$250	\$250	\$250	\$200	\$500
	INDIVIDUAL WITH FAMILY	\$250	\$250	\$250	\$200	\$500
	FAMILY COVERAGE	\$500	\$500	\$500	\$400	\$1,000
ANNUAL OUT-OF-POCKET MAXIMUM²	SELF-ONLY COVERAGE	\$6,750	\$6,750	\$7,550	\$7,550	\$7,550
	INDIVIDUAL WITH FAMILY	\$6,750	\$6,750	\$7,550	\$7,550	\$7,550
	FAMILY COVERAGE	\$13,500	\$13,500	\$15,100	\$15,100	\$15,100
PREVENTIVE CARE SERVICES^{3, 4}						

Preventive Care is CIF — 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

PROFESSIONAL/OUTPATIENT SERVICES³						
	Office visits, primary care	\$40 per visit	\$40 per visit	\$50 per visit	\$45 per visit	\$75 per visit AD ¹¹
	Office visits, specialist	\$40 per visit	\$40 per visit	\$50 per visit	\$80 per visit	\$105 per visit AD ¹¹
	Adult and pediatric vision examination	CIF	CIF	CIF	CIF	CIF
	Outpatient surgery, facility	\$500 per visit AD	\$500 per visit AD	30% AD ¹⁰	20% ¹⁰	100% AD ¹⁰
	Outpatient surgery, professional	CIF	CIF	30% AD ¹⁰	20% ¹⁰	100% AD ¹⁰
	Laboratory tests	CIF	CIF	\$50 per visit	\$40 per visit	\$40 per visit
	X-ray and diagnostic imaging	CIF	CIF	\$80 per visit	\$75 per visit	100% AD ¹⁰
	Imaging (CT/PET scans and MRIs)	\$250 per visit	\$250 per visit	\$500 per visit AD	\$300 per visit	100% AD ¹⁰
HOSPITALIZATION SERVICES						
	Hospital inpatient, facility	\$500 per day AD, days 1-5	\$500 per day AD, days 1-5	30% AD ¹⁰	20% AD ¹⁰	100% AD ¹⁰
	Hospital inpatient, professional	CIF	CIF	CIF	20% AD ¹⁰	100% AD ¹⁰
BEHAVIORAL HEALTH SERVICES: Mental Health and Substance Abuse						
	Behavioral health office visits	\$40 per visit	\$40 per visit	\$50 per visit	\$45 per visit	\$75 per visit AD ¹¹
	Behavioral health outpatient services	CIF	CIF	CIF	CIF	CIF AD
	Behavioral health inpatient, facility	\$500 per day AD, days 1-5	\$500 per day AD, days 1-5	30% AD ¹⁰	20% AD ¹⁰	100% AD ¹⁰
OTHER SERVICES						
	Emergency room, facility (waived if admitted)	\$275 per visit AD	\$275 per visit AD	30% AD ¹⁰	\$350 per visit	100% AD ¹⁰
	Emergency room, professional	CIF	CIF	CIF	CIF	CIF
	Urgent care center	\$50 per visit	\$50 per visit	\$50 per visit	\$45 per visit	\$75 per visit AD ¹¹
	Ambulance services	CIF	CIF	CIF	\$250 per trip AD	100% AD ¹⁰
	Durable medical equipment ⁵	20% ¹⁰	20% ¹⁰	20% ¹⁰	20% ¹⁰	100% AD ¹⁰
	Home health services, up to 100 visits	CIF	CIF	CIF	\$45 per visit	100% AD ¹⁰
	Acupuncture ⁶	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit AD ¹¹
	Chiropractic, up to 20 visits ⁶	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
	Pediatric eyewear ⁷ and dental ⁸ , up to age 19	Eyewear at no cost Diagnostic and preventive dental care at no cost; see additional benefit info				
PRESCRIPTION SERVICES (30-day supply)⁹						
	Tier 1 — preferred generic medication	\$10	\$10	\$25	\$15 AD	100% up to \$500 per prescription AD ¹⁰
	Tier 2 — preferred brand name medication	\$50 AD	\$50 AD	\$50 AD	\$55 AD	
	Tier 3 — non-preferred medication	\$75 AD	\$75 AD	\$75 AD	\$85 AD	
	Tier 4 — specialty medication	20% up to \$250 AD ¹⁰	20% up to \$250 AD ¹⁰	20% up to \$250 AD ¹⁰	20% up to \$250 AD ¹⁰	

DIRECT FROM WHA

Some plans are pending DMHC approval

HSA-COMPATIBLE HIGH-Deductible PLANS

		GATEWAY PLANS				CAPITAL PLANS	
		GATEWAY 2000 Gold 80 HDHP HMO	GATEWAY 1500 Silver 70 HDHP HMO	GATEWAY 5200 Bronze 60 HDHP HMO	GATEWAY 6500 Bronze 60 HDHP HMO	CAPITAL 2500 Silver 70 HDHP HMO	CAPITAL 6000 Bronze 60 HDHP HMO
MEDICAL DEDUCTIBLE¹	SELF-ONLY COVERAGE	\$2,000	\$1,500	\$5,200	\$6,500	\$2,500	\$6,000
	INDIVIDUAL WITH FAMILY	\$2,700	\$2,700	\$5,200	\$6,500	\$2,500	\$6,000
	FAMILY COVERAGE	\$4,000	\$3,000	\$10,400	\$13,000	\$5,000	\$12,000
PRESCRIPTION DEDUCTIBLE¹	SELF-ONLY COVERAGE	Included in the medical deductible					
	INDIVIDUAL WITH FAMILY						
	FAMILY COVERAGE						
ANNUAL OUT-OF-POCKET MAXIMUM²	SELF-ONLY COVERAGE	\$4,000	\$6,550	\$6,550	\$6,500	\$6,650	\$6,650
	INDIVIDUAL WITH FAMILY	\$4,000	\$6,550	\$6,550	\$6,500	\$6,650	\$6,650
	FAMILY COVERAGE	\$8,000	\$13,100	\$13,100	\$13,000	\$13,300	\$13,300
PREVENTIVE CARE SERVICES^{3, 4}							

Preventive Care is CIF — 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

PROFESSIONAL/OUTPATIENT SERVICES³							
Office visits, primary care	CIF AD	\$20 per visit AD	\$30 per visit AD	CIF AD	20% AD ¹⁰	40% AD ¹⁰	
Office visits, specialist	CIF AD	\$20 per visit AD	\$30 per visit AD	CIF AD	20% AD ¹⁰	40% AD ¹⁰	
Adult and pediatric vision examination	CIF	CIF	CIF	CIF	CIF	CIF	
Outpatient surgery, facility	CIF AD	30% AD ¹⁰	30% AD ¹⁰	CIF AD	20% AD ¹⁰	40% AD ¹⁰	
Outpatient surgery, professional	CIF AD	CIF AD	30% AD ¹⁰	CIF AD	20% AD ¹⁰	40% AD ¹⁰	
Laboratory tests	CIF AD	CIF AD	30% AD ¹⁰	CIF AD	20% AD ¹⁰	40% AD ¹⁰	
X-ray and diagnostic imaging	CIF AD	CIF AD	30% AD ¹⁰	CIF AD	20% AD ¹⁰	40% AD ¹⁰	
Imaging (CT/PET scans and MRIs)	CIF AD	30% AD ¹⁰	30% AD ¹⁰	CIF AD	20% AD ¹⁰	40% AD ¹⁰	
HOSPITALIZATION SERVICES							
Hospital inpatient, facility	CIF AD	30% AD ¹⁰	30% AD ¹⁰	CIF AD	20% AD ¹⁰	40% AD ¹⁰	
Hospital inpatient, professional	CIF AD	CIF AD	30% AD ¹⁰	CIF AD	20% AD ¹⁰	40% AD ¹⁰	
BEHAVIORAL HEALTH SERVICES: Mental Health and Substance Abuse							
Behavioral health office visits	CIF AD	\$20 per visit AD	\$30 per visit AD	CIF AD	20% AD ¹⁰	40% AD ¹⁰	
Behavioral health outpatient services	CIF AD	CIF AD	CIF AD	CIF AD	CIF AD	40% AD ¹⁰	
Behavioral health inpatient, facility	CIF AD	30% AD ¹⁰	30% AD ¹⁰	CIF AD	20% AD ¹⁰	40% AD ¹⁰	
OTHER SERVICES							
Emergency room, facility (waived if admitted)	CIF AD	30% AD ¹⁰	30% AD ¹⁰	CIF AD	20% AD ¹⁰	40% AD ¹⁰	
Emergency room, professional	CIF AD	CIF AD	30% AD ¹⁰	CIF AD	CIF AD	CIF AD	
Urgent care center	CIF AD	\$50 per visit AD	30% AD ¹⁰	CIF AD	20% AD ¹⁰	40% AD ¹⁰	
Ambulance services	CIF AD	CIF AD	30% AD ¹⁰	CIF AD	20% AD ¹⁰	40% AD ¹⁰	
Durable medical equipment ⁵	CIF AD	20% AD ¹⁰	30% AD ¹⁰	CIF AD	20% AD ¹⁰	40% AD ¹⁰	
Home health services, up to 100 visits	CIF AD	CIF AD	\$30 per visit AD	CIF AD	20% AD ¹⁰	40% AD ¹⁰	
Acupuncture ⁶	CIF AD	CIF AD	CIF AD	CIF AD	CIF AD	CIF AD	
Chiropractic, up to 20 visits ⁶	CIF AD	CIF AD	CIF AD	CIF AD	CIF AD	CIF AD	
Pediatric eyewear ⁷ and dental ⁸ , up to age 19	Eyewear at no cost Diagnostic and preventive dental care at no cost; see additional benefit info						
PRESCRIPTION SERVICES (30-day supply)⁹							
Tier 1 — preferred generic medication	CIF AD	\$25 AD	\$20 AD	CIF AD	20% up to \$250 per prescription AD ¹⁰	40% up to \$500 per prescription AD ¹⁰	
Tier 2 — preferred brand name medication	\$30 AD	\$50 AD					
Tier 3 — non-preferred medication	\$50 AD	\$75 AD	30% up to \$500 per prescription AD ¹⁰				
Tier 4 — specialty medication	20% up to \$250 AD ¹⁰	20% up to \$250 AD ¹⁰					

AVAILABLE IN CALCHOICE

Some plans are pending DMHC approval

		SIERRA PLANS		CAPITAL PLANS	
		SIERRA 25 Platinum 90 HMO	SIERRA 40 Gold 80 HMO	CAPITAL 15 Platinum 90 HMO	CAPITAL 30 Gold 80 HMO
TRADITIONAL PLANS					
MEDICAL DEDUCTIBLE¹	SELF-ONLY COVERAGE	None	None	None	None
	INDIVIDUAL WITH FAMILY	None	None	None	None
	FAMILY COVERAGE	None	None	None	None
PRESCRIPTION DEDUCTIBLE¹	SELF-ONLY COVERAGE	None	None	None	None
	INDIVIDUAL WITH FAMILY	None	None	None	None
	FAMILY COVERAGE	None	None	None	None
ANNUAL OUT-OF-POCKET MAXIMUM²	SELF-ONLY COVERAGE	\$4,000	\$6,750	\$3,350	\$7,200
	INDIVIDUAL WITH FAMILY	\$4,000	\$6,750	\$3,350	\$7,200
	FAMILY COVERAGE	\$8,000	\$13,500	\$6,700	\$14,400
PREVENTIVE CARE SERVICES^{3, 4}					
Preventive Care is Covered in Full (CIF) — 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					
PROFESSIONAL/OUTPATIENT SERVICES³					
	Office visits, primary care	\$25 per visit	\$40 per visit	\$15 per visit	\$30 per visit
	Office visits, specialist	\$25 per visit	\$40 per visit	\$30 per visit	\$55 per visit
	Adult and pediatric vision examination	CIF	CIF	CIF	CIF
	Outpatient surgery, facility	\$100 per visit	\$300 per visit	\$100 per visit	\$300 per visit
	Outpatient surgery, professional	CIF	CIF	\$25 per visit	\$40 per visit
	Laboratory tests	CIF	\$40 per visit	\$15 per visit	\$35 per visit
	X-ray and diagnostic imaging	CIF	\$40 per visit	\$30 per visit	\$55 per visit
	Imaging (CT/PET scans and MRIs)	\$100 per visit	\$300 per visit	\$75 per visit	\$275 per visit
HOSPITALIZATION SERVICES					
	Hospital inpatient, facility	\$250 per day, days 1-5	\$600 per day	\$250 per day, days 1-5	\$600 per day, days 1-5
	Hospital inpatient, professional	CIF	CIF	CIF	CIF
BEHAVIORAL HEALTH SERVICES: Mental Health and Substance Abuse					
	Behavioral health office visits	\$25 per visit	\$40 per visit	\$15 per visit	\$30 per visit
	Behavioral health outpatient services	CIF	CIF	\$15 per visit	\$30 per visit
	Behavioral health inpatient, facility	\$250 per day, days 1-5	\$600 per day	\$250 per day, days 1-5	\$600 per day, days 1-5
OTHER SERVICES					
	Emergency room, facility (waived if admitted)	\$150 per visit	\$300 per visit	\$150 per visit	\$325 per visit
	Emergency room, professional	CIF	CIF	CIF	CIF
	Urgent care center	\$50 per visit	\$100 per visit	\$15 per visit	\$30 per visit
	Ambulance services	CIF	CIF	\$150 per trip	\$250 per trip
	Durable medical equipment ⁵	20% ¹⁰	20% ¹⁰	10% ¹⁰	20% ¹⁰
	Home health services, up to 100 visits	CIF	CIF	\$20 per visit	\$30 per visit
	Acupuncture ⁶	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
	Chiropractic, up to 20 visits ⁶	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
	Pediatric eyewear ⁷ and dental ⁸ , up to age 19	Eyewear at no cost Diagnostic and preventive dental care at no cost; see additional benefit info			
PRESCRIPTION SERVICES (30-day supply)⁹					
	Tier 1 — preferred generic medication	\$10	\$20	\$5	\$15
	Tier 2 — preferred brand name medication	\$30	\$50	\$15	\$55
	Tier 3 — non-preferred medication	\$50	\$75	\$25	\$75
	Tier 4 — specialty medication	20% up to \$250 ¹⁰	20% up to \$250 ¹⁰	10% up to \$250 ¹⁰	20% up to \$250 ¹⁰

AVAILABLE IN CALCHOICE

Some plans are pending DMHC approval

		SIERRA PLANS		CAPITAL PLANS	
		SIERRA 4010 Gold 80 HMO	SIERRA 50 Silver 70 HMO	CAPITAL 2000 Silver 70 HMO	CAPITAL 6300 Bronze 60 HMO
DEDUCTIBLE PLANS	SELF-ONLY COVERAGE	\$1,000	\$2,400	\$2,000	\$6,300
	INDIVIDUAL WITH FAMILY	\$1,000	\$2,400	\$2,000	\$6,300
	FAMILY COVERAGE	\$2,000	\$4,800	\$4,000	\$12,600
MEDICAL DEDUCTIBLE¹	SELF-ONLY COVERAGE	\$250	\$250	\$200	\$500
	INDIVIDUAL WITH FAMILY	\$250	\$250	\$200	\$500
	FAMILY COVERAGE	\$500	\$500	\$400	\$1,000
PRESCRIPTION DEDUCTIBLE¹	SELF-ONLY COVERAGE	\$6,750	\$7,550	\$7,550	\$7,550
	INDIVIDUAL WITH FAMILY	\$6,750	\$7,550	\$7,550	\$7,550
	FAMILY COVERAGE	\$13,500	\$15,100	\$15,100	\$15,100
ANNUAL OUT-OF-POCKET MAXIMUM²					
PREVENTIVE CARE SERVICES^{3, 4}					

Preventive Care is Covered in Full (CIF) — 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

PROFESSIONAL/OUTPATIENT SERVICES³					
	Office visits, primary care	\$40 per visit	\$50 per visit	\$45 per visit	\$75 per visit AD ¹¹
	Office visits, specialist	\$40 per visit	\$50 per visit	\$80 per visit	\$105 per visit AD ¹¹
	Adult and pediatric vision examination	CIF	CIF	CIF	CIF
	Outpatient surgery, facility	\$500 per visit AD	\$300 per visit AD	20% ¹⁰	100% AD ¹⁰
	Outpatient surgery, professional	CIF	30% AD ¹⁰	20% ¹⁰	100% AD ¹⁰
	Laboratory tests	CIF	\$50 per visit	\$40 per visit	\$40 per visit
	X-ray and diagnostic imaging	CIF	\$50 per visit	\$75 per visit	100% AD ¹⁰
	Imaging (CT/PET scans and MRIs)	\$250 per visit	\$300 per visit	\$300 per visit	100% AD ¹⁰
HOSPITALIZATION SERVICES					
	Hospital inpatient, facility	\$500 per day AD, days 1-5	20% AD ¹⁰	20% AD ¹⁰	100% AD ¹⁰
	Hospital inpatient, professional	CIF	CIF	20% AD ¹⁰	100% AD ¹⁰
BEHAVIORAL HEALTH SERVICES: Mental Health and Substance Abuse					
	Behavioral health office visits	\$40 per visit	\$50 per visit	\$45 per visit	\$75 per visit AD ¹¹
	Behavioral health outpatient services	CIF	CIF	CIF	CIF
	Behavioral health inpatient, facility	\$500 per day AD, days 1-5	20% AD ¹⁰	20% AD ¹⁰	100% AD ¹⁰
OTHER SERVICES					
	Emergency room, facility (waived if admitted)	\$275 per visit AD	20% AD ¹⁰	\$350 per visit	100% AD ¹⁰
	Emergency room, professional	CIF	CIF	CIF	CIF
	Urgent care center	\$50 per visit	\$100 per visit AD	\$45 per visit	\$75 per visit AD ¹¹
	Ambulance services	CIF	CIF	\$250 per trip AD	100% AD ¹⁰
	Durable medical equipment ⁵	20% ¹⁰	20% ¹⁰	20% ¹⁰	100% AD ¹⁰
	Home health services, up to 100 visits	CIF	CIF	\$45 per visit	100% AD ¹⁰
	Acupuncture ⁶	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit AD ¹¹
	Chiropractic, up to 20 visits ⁶	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
	Pediatric eyewear ⁷ and dental ⁸ , up to age 19	Eyewear at no cost Diagnostic and preventive dental care at no cost; see additional benefit info			
PRESCRIPTION SERVICES (30-DAY SUPPLY)⁹					
	Tier 1 — preferred generic medication	\$10	\$15	\$15 AD	100% up to \$500 per prescription AD ¹⁰
	Tier 2 — preferred brand name medication	\$50 AD	\$55 AD	\$55 AD	
	Tier 3 — non-preferred medication	\$75 AD	\$85 AD	\$85 AD	
	Tier 4 — specialty medication	20% up to \$250 AD ¹⁰	20% up to \$250 AD ¹⁰	20% up to \$250 AD ¹⁰	

AVAILABLE IN CALCHOICE

Some plans are pending DMHC approval

HSA-COMPATIBLE HIGH-DEDUCTIBLE PLANS

		SIERRA PLANS		CAPITAL PLANS	
		SIERRA 2000 Gold 80 HDHP HMO	SIERRA 6500 Bronze 60 HDHP HMO	CAPITAL 2500 Silver 70 HDHP HMO	CAPITAL 6000 Bronze 60 HDHP HMO
MEDICAL DEDUCTIBLE¹	SELF-ONLY COVERAGE	\$2,000	\$6,500	\$2,500	\$6,000
	INDIVIDUAL WITH FAMILY	\$2,700	\$6,500	\$2,500	\$6,000
	FAMILY COVERAGE	\$4,000	\$13,000	\$5,000	\$12,000
PRESCRIPTION DEDUCTIBLE¹	SELF-ONLY COVERAGE	Included in the medical deductible			
	INDIVIDUAL WITH FAMILY				
	FAMILY COVERAGE				
ANNUAL OUT-OF-POCKET MAXIMUM²	SELF-ONLY COVERAGE	\$4,000	\$6,500	\$6,650	\$6,650
	INDIVIDUAL WITH FAMILY	\$4,000	\$6,500	\$6,650	\$6,650
	FAMILY COVERAGE	\$8,000	\$13,000	\$13,300	\$13,300
PREVENTIVE CARE SERVICES^{3, 4}					

Preventive Care is Covered in Full (CIF) — 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

PROFESSIONAL/OUTPATIENT SERVICES³					
	Office visits, primary care	CIF AD	CIF AD	20% AD ¹⁰	40% AD ¹⁰
	Office visits, specialist	CIF AD	CIF AD	20% AD ¹⁰	40% AD ¹⁰
	Adult and pediatric vision examination	CIF	CIF	CIF	CIF
	Outpatient surgery, facility	CIF AD	CIF AD	20% AD ¹⁰	40% AD ¹⁰
	Outpatient surgery, professional	CIF AD	CIF AD	20% AD ¹⁰	40% AD ¹⁰
	Laboratory tests	CIF AD	CIF AD	20% AD ¹⁰	40% AD ¹⁰
	X-ray and diagnostic imaging	CIF AD	CIF AD	20% AD ¹⁰	40% AD ¹⁰
	Imaging (CT/PET scans and MRIs)	CIF AD	CIF AD	20% AD ¹⁰	40% AD ¹⁰
HOSPITALIZATION SERVICES					
	Hospital inpatient, facility	CIF AD	CIF AD	20% AD ¹⁰	40% AD ¹⁰
	Hospital inpatient, professional	CIF AD	CIF AD	20% AD ¹⁰	40% AD ¹⁰
BEHAVIORAL HEALTH SERVICES: Mental Health and Substance Abuse					
	Behavioral health office visits	CIF AD	CIF AD	20% AD ¹⁰	40% AD ¹⁰
	Behavioral health outpatient services	CIF AD	CIF AD	CIF AD	40% AD ¹⁰
	Behavioral health inpatient, facility	CIF AD	CIF AD	20% AD ¹⁰	40% AD ¹⁰
OTHER SERVICES					
	Emergency room, facility (waived if admitted)	CIF AD	CIF AD	20% AD ¹⁰	40% AD ¹⁰
	Emergency room, professional	CIF AD	CIF AD	CIF AD	CIF AD
	Urgent care center	CIF AD	CIF AD	20% AD ¹⁰	40% AD ¹⁰
	Ambulance services	CIF AD	CIF AD	20% AD ¹⁰	40% AD ¹⁰
	Durable medical equipment ⁵	CIF AD	CIF AD	20% AD ¹⁰	40% AD ¹⁰
	Home health services, up to 100 visits	CIF AD	CIF AD	20% AD ¹⁰	40% AD ¹⁰
	Acupuncture ⁶	CIF AD	CIF AD	CIF AD	CIF AD
	Chiropractic, up to 20 visits ⁶	CIF AD	CIF AD	CIF AD	CIF AD
	Pediatric eyewear ⁷ and dental ⁸ , up to age 19	Eyewear at no cost Diagnostic and preventive dental care at no cost; see additional benefit info			
PRESCRIPTION SERVICES (30-DAY SUPPLY)⁹					
	Tier 1 — preferred generic medication	CIF AD	CIF AD	20% up to \$250 per prescription AD ¹⁰	40% up to \$500 per prescription AD ¹⁰
	Tier 2 — preferred brand name medication	\$30 AD	CIF AD		
	Tier 3 — non-preferred medication	\$50 AD	CIF AD		
	Tier 4 — specialty medication	20% up to \$250 AD ¹⁰	CIF AD		

NOTES

- ¹ Medical or prescription services may be subject to a deductible. The member must pay for these services when services are rendered until the deductible is met in that calendar year. Charges under the deductible are based on WHA's contracted rates with the provider of service.
- ² The annual out-of-pocket maximum is the total amount that the member must pay for certain services in a calendar year.
- ³ Generally, all non-emergency care must be accessed through your Primary Care Physician (PCP) within WHA's provider network. Obstetrical and gynecological services may be obtained directly without a PCP referral.
- ⁴ There may be an office visit copay if the primary purpose of a visit is not preventive or other services are provided.
- ⁵ See Copayment Summary for applicable prosthetic/orthotic device copayment amount.
- ⁶ Acupuncture and chiropractic services provided through Landmark Healthplan of California, Inc. Copayments for chiropractic services, if applicable, do not contribute to the deductible or medical OOP maximum.
- ⁷ Pediatric eyewear provided through MESVision and is not subject to the medical deductible.
- ⁸ Pediatric dental services provided through Delta Dental of California. Dental plans are not subject to the medical deductible whereas, copayments contribute to the medical OOP maximum.
- ⁹ Certain drugs may be categorized outside their respective tier. To confirm tier level for any drug, refer to the Preferred Drug List (PDL). Oral anti-cancer drugs will not exceed \$200 for 30-day supply after deductible.
- ¹⁰ Percentage copayment amounts are based on WHA's contracted rates with the provider of service.
- ¹¹ Deductible is waived for first three cumulative non-preventive care visits or services in a calendar year.
- ¹² Infertility benefits are available on all plans to groups with 20 or more eligible employees.
- ¹³ Vision plans are underwritten and administered by MESVision. Available to groups with 2 or more enrolled employees.
- ¹⁴ Contact lenses in lieu of lenses and frames are covered at a 12-month interval if the prescription change so indicates.
- ¹⁵ DeltaCare USA and Delta Dental PPO plans are underwritten and administered by Delta Dental of California. Available to all groups.



OPTIONAL RIDERS

Optional riders are available on any plan purchased direct from WHA. Copayments do not contribute to the medical out-of-pocket maximum. See official plan documents for description of details, limitations and/or exclusions.

INFERTILITY SERVICES¹²

Infertility services	50% benefit, subject to limitations
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VISION PLANS ¹³	Full Service \$0	Full Service \$10	Eyewear Only \$0	Eyewear Only \$10
Copayment	None	\$10	None	\$10
Annual exam	12 Months	12 Months	N/A	N/A
Lenses ¹⁴	24 Months	24 Months	24 Months	24 Months
Frames	24 Months	24 Months	24 Months	24 Months
Contact lenses ¹⁴	24 Months	24 Months	24 Months	24 Months

ADULT DENTAL PLANS ¹⁵	DeltaCare® USA	Delta Dental PPO SM
Preventive	\$0 – \$45	\$0*
Deductible	None	\$25 – \$50
Basic	\$0 – \$425	10% – 20%
Major	\$12 – \$660	40% – 50%
Annual maximum	None	\$1,000
Orthodontia	Yes	No



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