

Selecting your health coverage
from **Western Health Advantage**



Western
Health
Advantage



choosewha.com



PLAN COMPARISON

FOR SMALL GROUP
1 to 100 Employees
Effective **1.1.18**

advantage > we care about our members



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

We have a passion for health care. WHA is all about helping people obtain quality health care. We also support medical innovation and promote whole-person health to suit the various needs our members. WHA offers affordable coverage to employer groups, individuals and families, for every stage of life. We help our members stay healthy and facilitate the care they need when they need it.

we love being local <

WHA prides itself in being the choice of thousands—from Fairfield to Fremont and Penryn to Petaluma. Your community is our community. We strengthen our neighborhoods and enrich the lives of community members by supporting local organizations. We affect positive change in our community through charitable outreach and volunteer efforts. Supporting the communities where we live and work is one of WHA's core values.

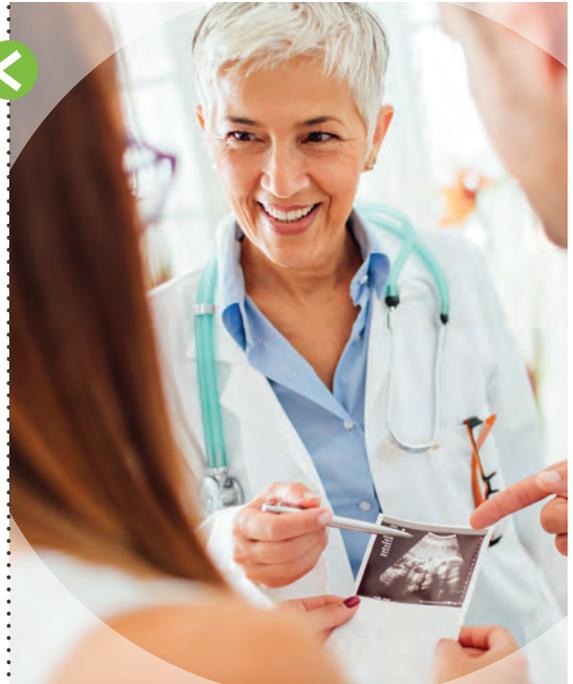
we're proud of our reputation



For 22 years and counting, we've been a reliable partner in your community. We are known for acting with integrity and for interacting honestly with our partners while building relationships of trust. We support the doctor-patient relationship and offer access* to quality doctors and hospitals.



New For 2018 > WHA is proud to partner with the Canopy Health (CH) alliance representing John Muir Health, Meritage Medical Network, Hill Physicians and numerous renowned Bay Area facilities.



our facilities



Alameda County

- Alameda Hospital^{CH}
- Highland Hospital^{CH}
- San Leandro Hospital^{CH}
- UCSF Benioff Children's Hospital, Oakland^{CH}
- Washington Hospital^{CH}

Contra Costa County

- John Muir Medical Center, Concord^{CH}
- John Muir Medical Center, Walnut Creek^{CH}
- San Ramon Regional Medical Center^{CH}

Marin County

- Marin General Hospital^{CH}

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^{CH}
- St. Mary's Medical Center^{CH}
- UCSF Benioff Children's Hospital at Mission Bay^{CH}
- UCSF Medical Center at Mission Bay^{CH}
- UCSF Medical Center at Parnassus^{CH}

Solano County

- NorthBay Medical Center
- NorthBay VacaValley Hospital

Sonoma County

- Healdsburg District Hospital
- Petaluma Valley Hospital
- Santa Rosa Memorial Hospital
- Sonoma Valley Hospital^{CH}
- Sonoma West Medical Center

Yolo County

- Woodland Memorial Hospital

*A member's access to doctors and hospitals may be limited by network. Search our provider directory for details.

choosewha.com/network

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.

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.



options for where to purchase plans

You have a broad array of choices, whether you purchase your group's benefit plans direct from WHA or through CaliforniaChoice® (CalChoice). The enclosed comparisons are marked "Direct From WHA" and "Available in CalChoice."

- **Gateway Plans** are unique small group plans that can only be found direct from WHA.
- **Capital Plans** are small group plans that closely mirror the plans offered on the state's exchange, Covered California™, available direct from WHA or through CalChoice
- **Sierra Plans** are unique small group plans that can only be found from CalChoice.

DIRECT FROM WHA

TRADITIONAL PLANS

		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 25 Gold 80 HMO
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	\$6,000
	INDIVIDUAL WITH FAMILY	\$4,000	\$4,000	\$4,000	\$3,350	\$6,000
	FAMILY COVERAGE	\$8,000	\$8,000	\$8,000	\$6,700	\$12,000
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	\$25 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 office visits	\$20 per visit	\$30 per visit	\$20 per visit	\$15 per visit	\$25 per visit
	Outpatient mental health and substance abuse services	CIF	CIF	CIF	\$15 per visit	\$25 per visit
	Inpatient mental health and substance abuse, facility	CIF	\$300 per day, days 1-3	30% ¹⁰	\$250 per day, days 1-5	\$600 per day, days 1-5
	Inpatient mental health and substance abuse, professional	CIF	CIF	CIF	CIF	CIF

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 (waived if admitted)	CIF	CIF	CIF	CIF	CIF
	Urgent care center	\$50 per visit	\$50 per visit	\$50 per visit	\$15 per visit	\$25 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				
	Chiropractic, up to 20 visits ⁶	\$15 per visit				

Pediatric eyewear⁷ and dental⁸, 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

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	\$125	\$500
	INDIVIDUAL WITH FAMILY	\$250	\$250	\$250	\$125	\$500
	FAMILY COVERAGE	\$500	\$500	\$500	\$250	\$1,000
ANNUAL OUT-OF-POCKET MAXIMUM²	SELF-ONLY COVERAGE	\$6,750	\$6,750	\$7,000	\$7,000	\$7,000
	INDIVIDUAL WITH FAMILY	\$6,750	\$6,750	\$7,000	\$7,000	\$7,000
	FAMILY COVERAGE	\$13,500	\$13,500	\$14,000	\$14,000	\$14,000
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	\$75 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	\$50 per visit	\$70 per visit	100% AD ¹⁰
	Imaging (CT/PET scans and MRIs)	\$250 per visit	\$250 per visit	\$500 per visit	\$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 office visits	\$40 per visit	\$40 per visit	\$50 per visit	\$45 per visit	\$75 per visit AD ¹¹
	Outpatient mental health and substance abuse services	CIF	CIF	CIF	CIF	100% up to \$75 per visit AD ^{10/11}
	Inpatient mental health and substance abuse, facility	\$500 per day AD, days 1-5	\$500 per day AD, days 1-5	30% AD ¹⁰	20% AD ¹⁰	100% AD ¹⁰
	Inpatient mental health and substance abuse, professional	CIF	CIF	CIF	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 (waived if admitted)	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

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 2000 Silver 70 HDHP HMO	CAPITAL 4800 Bronze 60 HDHP HMO
MEDICAL DEDUCTIBLE¹	SELF-ONLY COVERAGE	\$2,000	\$1,500	\$5,200	\$6,500	\$2,000	\$4,800
	INDIVIDUAL WITH FAMILY	\$2,700	\$2,700	\$5,200	\$6,500	\$2,700	\$4,800
	FAMILY COVERAGE	\$4,000	\$3,000	\$10,400	\$13,000	\$4,000	\$9,600
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	\$6,550	\$6,550
	INDIVIDUAL WITH FAMILY	\$4,000	\$6,550	\$6,550	\$6,500	\$6,550	\$6,550
	FAMILY COVERAGE	\$8,000	\$13,100	\$13,100	\$13,000	\$13,100	\$13,100
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	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 office visits	CIF AD	\$20 per visit AD	\$30 per visit AD	CIF AD	20% AD ¹⁰	40% AD ¹⁰
	Outpatient mental health and substance abuse services	CIF AD	CIF AD	CIF AD	CIF AD	CIF AD	40% AD ¹⁰
	Inpatient mental health and substance abuse, facility	CIF AD	30% AD ¹⁰	30% AD ¹⁰	CIF AD	20% AD ¹⁰	40% AD ¹⁰
	Inpatient mental health and substance abuse, professional	CIF AD	CIF AD	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 (waived if admitted)	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	30% up to \$500 per prescription AD ¹⁰			
	Tier 3 — non-preferred medication	\$50 AD	\$75 AD				
	Tier 4 — specialty medication	20% up to \$250 AD ¹⁰	20% up to \$250 AD ¹⁰				

AVAILABLE IN CALCHOICE

TRADITIONAL PLANS

		SIERRA PLANS		CAPITAL PLANS	
		SIERRA 25 Platinum 90 HMO	SIERRA 40 Gold 80 HMO	CAPITAL 15 Platinum 90 HMO	CAPITAL 25 Gold 80 HMO
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	\$6,000
	INDIVIDUAL WITH FAMILY	\$4,000	\$6,750	\$3,350	\$6,000
	FAMILY COVERAGE	\$8,000	\$13,500	\$6,700	\$12,000
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	\$25 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 office visits	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit
	Outpatient mental health and substance abuse services	CIF	CIF	\$15 per visit	\$25 per visit
	Inpatient mental health and substance abuse, facility	\$250 per day, days 1-5	\$600 per day	\$250 per day, days 1-5	\$600 per day, days 1-5
	Inpatient mental health and substance abuse, professional	CIF	CIF	CIF	CIF
OTHER SERVICES					
	Emergency room, facility (waived if admitted)	\$150 per visit	\$300 per visit	\$150 per visit	\$325 per visit
	Emergency room, professional (waived if admitted)	CIF	CIF	CIF	CIF
	Urgent care center	\$50 per visit	\$100 per visit	\$15 per visit	\$25 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

		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					
MEDICAL DEDUCTIBLE¹	SELF-ONLY COVERAGE	\$1,000	\$2,000	\$2,000	\$6,300
	INDIVIDUAL WITH FAMILY	\$1,000	\$2,000	\$2,000	\$6,300
	FAMILY COVERAGE	\$2,000	\$4,000	\$4,000	\$12,600
PRESCRIPTION DEDUCTIBLE¹	SELF-ONLY COVERAGE	\$250	\$250	\$125	\$500
	INDIVIDUAL WITH FAMILY	\$250	\$250	\$125	\$500
	FAMILY COVERAGE	\$500	\$500	\$250	\$1,000
ANNUAL OUT-OF-POCKET MAXIMUM²	SELF-ONLY COVERAGE	\$6,750	\$7,000	\$7,000	\$7,000
	INDIVIDUAL WITH FAMILY	\$6,750	\$7,000	\$7,000	\$7,000
	FAMILY COVERAGE	\$13,500	\$14,000	\$14,000	\$14,000
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	\$75 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	\$70 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 office visits	\$40 per visit	\$50 per visit	\$45 per visit	\$75 per visit AD ¹¹
	Outpatient mental health and substance abuse services	CIF	CIF	CIF	100% up to \$75 per visit AD ^{10/11}
	Inpatient mental health and substance abuse, facility	\$500 per day AD, days 1-5	20% AD ¹⁰	20% AD ¹⁰	100% AD ¹⁰
	Inpatient mental health and substance abuse, professional	CIF	CIF	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 (waived if admitted)	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

HSA-COMPATIBLE HIGH-Deductible PLANS

		SIERRA PLANS		CAPITAL PLANS	
		SIERRA 2000 Gold 80 HDHP HMO	SIERRA 6500 Bronze 60 HDHP HMO	CAPITAL 2000 Silver 70 HDHP HMO	CAPITAL 4800 Bronze 60 HDHP HMO
MEDICAL DEDUCTIBLE¹	SELF-ONLY COVERAGE	\$2,000	\$6,500	\$2,000	\$4,800
	INDIVIDUAL WITH FAMILY	\$2,700	\$6,500	\$2,700	\$4,800
	FAMILY COVERAGE	\$4,000	\$13,000	\$4,000	\$9,600
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	\$6,550	\$6,550
	INDIVIDUAL WITH FAMILY	\$4,000	\$6,500	\$6,550	\$6,550
	FAMILY COVERAGE	\$8,000	\$13,000	\$13,100	\$13,100
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 office visits	CIF AD	CIF AD	20% AD ¹⁰	40% AD ¹⁰
	Outpatient mental health and substance abuse services	CIF AD	CIF AD	CIF AD	40% AD ¹⁰
	Inpatient mental health and substance abuse, facility	CIF AD	CIF AD	20% AD ¹⁰	40% AD ¹⁰
	Inpatient mental health and substance abuse, professional	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 (waived if admitted)	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

we're always here for you

We build long-term, personal relationships because we're easy to work with, reliable and innovative. The mission of our local service team is to provide exceptional service to our members, providers and broker partners. You can easily reach us in person or on the phone. We're responsive and make decisions without delay.

Whether you are new to health care or considering switching from your current plan, we can help you find an affordable way to take care of the employees who take care of your business. Call your broker or WHA today to discuss coverage options for your team.

visit [choosewha.com](https://www.choosewha.com)
916.563.3198 | 888.499.3198 toll-free

SACRAMENTO OFFICE
2349 Gateway Oaks Drive, Suite 100
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888.499.3198 toll-free | 916.568.1338 fax

NOVATO OFFICE
4 Hamilton Landing, Suite 100
Novato, California 94949
888.499.3198 toll-free | 916.568.1338 fax



Western Health Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Western Health Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Western Health Advantage:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Member Services Manager.

If you believe that Western Health Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Member Services Manager, 2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833, 888.563.2250 or 916.563.2250, 888.877.5378 (TTY), 916.568.0126 (fax), memberservices@westernhealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Member Services Manager is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at:

Website: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Mail: U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

Phone: 800.368.1019 or 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ENGLISH

If you, or someone you're helping, have questions about Western Health Advantage, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 888.563.2250 or TTY 888.877.5378.

SPANISH

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Western Health Advantage, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 888.563.2250, o al TTY 888.877.5378 si tiene dificultades auditivas.

CHINESE

如果您，或是您正在協助的對象，有關於Western Health Advantage方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話888.563.2250或聽障人士專線(TTY) 888.877.5378。

VIETNAMESE

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Western Health Advantage, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số 888.563.2250, hoặc gọi đường dây TTY dành cho người khiếm thính tại số 888.877.5378.

TAGALOG

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Western Health Advantage, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 888.563.2250 o TTY para sa may kapansanan sa pandinig sa 888.877.5378.

KOREAN

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Western Health Advantage에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 888.563.2250이나 청각 장애인용 TTY 888.877.5378로 연락하십시오.

ARMENIAN

Եթե Դուք կամ Ձեր կողմից օգնություն ստացող անձը հարցեր ունի Western Health Advantage-ի մասին, Դուք իրավունք ունեք անվճար օգնություն և տեղեկություններ ստանալու Ձեր նախընտրած լեզվով: Թարգմանչի հետ խոսելու համար զանգահարե՛ք 888.563.2250 համարով կամ TTY 888.877.5378՝ լսողության հետ խնդիրներ ունեցողների համար:

PERSIAN-FARSI

اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Western Health Advantage (وسترن هلث آدونتیج) داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. لطفاً با شماره تلفن 888.563.2250 تماس بگیرید. افراد ناشنوا می توانند به شماره 888.877.5378 پیام تایپی ارسال کنند.

RUSSIAN

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Western Health Advantage, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 888.563.2250 или воспользуйтесь линией TTY для лиц с нарушениями слуха по номеру 888.877.5378.

JAPANESE

ご本人様、またはお客様の身の回りの方でも、Western Health Advantageについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、888.563.2250までお電話ください。聴覚障がい者用TTYをご利用の場合は、888.877.5378までお電話ください。

ARABIC

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Western Health Advantage، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 888.563.2250، أو برقم الهاتف النصي (TTY) لضعاف السمع 888.877.5378.

PUNJABI

ਜੇਕਰ ਤੁਸੀਂ, ਜਾਂ ਜਿਸ ਕਿਸੇ ਦੀ ਤੁਸੀਂ ਮਦਦ ਕਰ ਰਹੇ ਹੋ, ਦੇ Western Health Advantage ਬਾਰੇ ਸਵਾਲ ਹਨ ਤਾਂ, ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਹਾਸਲ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਦੁਆਬੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, 888.563.2250 'ਤੇ ਜਾਂ ਪੂਰੀ ਤਰ੍ਹਾਂ ਸੁਣਨ ਵਿੱਚ ਅਸਮਰਥ ਟੀਟੀਵਾਈ ਲਈ 888.877.5378 'ਤੇ ਕਾਲ ਕਰੋ।

CAMBODIAN-MON-KHMER

ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលកំពុងជួយអ្នក មានសំណួរអំពី Western Health Advantage ទេ, អ្នកមានសិទ្ធិទទួលជំនួយនឹងព័ត៌មាននៅក្នុងភាសារបស់អ្នក ដោយមិនអស់ប្រាក់។ ដើម្បីនិយាយជាមួយអ្នកបកប្រែ សូមទូរស័ព្ទ 888.563.2250 ឬ TTY សម្រាប់អ្នកត្រចៀកច្រន់ តាមលេខ 888.877.5378។

HMONG

Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Western Health Advantage, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 888.563.2250 los sis TTY rau cov neeg uas tsis hnov lus zoo nyob ntawm 888.877.5378.

HINDI

यदि आप, या जिस किसी की आप मदद कर रहे हो, के Western Health Advantage के बारे में प्रश्न हैं तो, आपको अपनी भाषा में मदद तथा जानकारी प्राप्त करने का अधिकार है। दुआशिए के साथ बात करने के लिए, 888.563.2250 पर या पूरी तरह श्रवण में असमर्थ टीटीवाई के लिए 888.877.5378 पर कॉल करो।

THAI

หากคุณ หรือคนที่คุณกำลังช่วยเหลือนั้นมีคำถามเกี่ยวกับ Western Health Advantage คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย เพื่อพูดคุยกับล่าม โทร 888.563.2250 หรือใช้ TTY สำหรับคนหูหนวกโดยโทร 888.877.5378