

westernhealth ADVANTAGE

# PLAN COMPARISON

## 2027 • Small Group
(1 TO 100 EMPLOYEES)

# quality care is at the top of our list

We trust the doctors to decide the best health care path for patients. It's what happens when a health plan is founded by doctors. We work closely with multiple medical groups, giving our members more choice when selecting from among our network of exceptional doctors and hospitals throughout Northern California.

## our service area

WHA is licensed in the counties and ZIP codes represented in the list below. Refer to the facilities list to determine hospitals/medical centers in your area.

**Colusa County** partial coverage
95912

**El Dorado County** partial coverage
95613, 95614, 95619, 95623, 95633, 95634, 95635, 95636, 95651, 95656, 95664, 95667, 95672, 95682, 95684, 95709, 95726, 95762

**Humboldt County** partial coverage
95501, 95502, 95503, 95518, 95519, 95521, 95524, 95525, 95526, 95528, 95534, 95536, 95537, 95540, 95546, 95547, 95549, 95550, 95551, 95562, 95564, 95565, 95570, 95571, 95573

**Marin County** all ZIP codes

**Napa County** all ZIP codes

**Placer County** partial coverage
95602, 95603, 95604, 95626, 95631, 95648, 95650, 95658, 95661, 95663, 95668, 95677, 95678, 95681, 95703, 95713, 95722, 95736, 95746, 95747, 95765

**Sacramento County** all ZIP codes

**Solano County** all ZIP codes

**Sonoma County** all ZIP codes

**Yolo County** all ZIP codes

## our medical groups

Search for doctors and facilities by using our online provider search at mywha.org/directory. Upon enrollment, members must select a primary care physician (PCP) close to home or work to allow reasonable access to care. A member's PCP is responsible for coordinating medical care. PCPs can treat most health care needs, but should a PCP determine that specialty care is needed, the member will be referred to an appropriate clinical provider. With WHA, you have access to specialists outside of your PCP's medical group with WHA's Advantage Referral program. Visit mywha.org/referral to learn more about referrals.

Hill Physicians

**Hill Physicians**
800.445.5747
hillphysicians.com

NorthBay HEALTH

**NorthBay Health**
707.646.5500
northbay.org

Mercy Medical Group
A Service of Dignity Health Medical Foundation

**Mercy Medical Group**
916.733.3333
mymercymedicalgroup.org

Providence

**Providence Medical Network**
888.432.5464
providence.org

Woodland Clinic
A Service of Dignity Health Medical Foundation

**Woodland Clinic**
530.668.2600
dhmf.org/woodland

**A health plan should be there when you need it. At Western Health Advantage, we make access to quality care our highest priority.**

# our facilities




## North Bay Area Facilities

1. **Healdsburg District Hospital**
   Healdsburg, CA 95448
2. **Providence Santa Rosa Memorial Hospital**
   Santa Rosa, CA 95405
3. **Petaluma Valley Hospital**
   Petaluma, CA 94954
4. **MarinHealth Medical Center**
   Greenbrae, CA 94904
5. **Sonoma Valley Hospital**
   Sonoma, CA 95476
6. **Queen of the Valley Medical Center**
   Napa, CA 94558

## Solano County Facilities

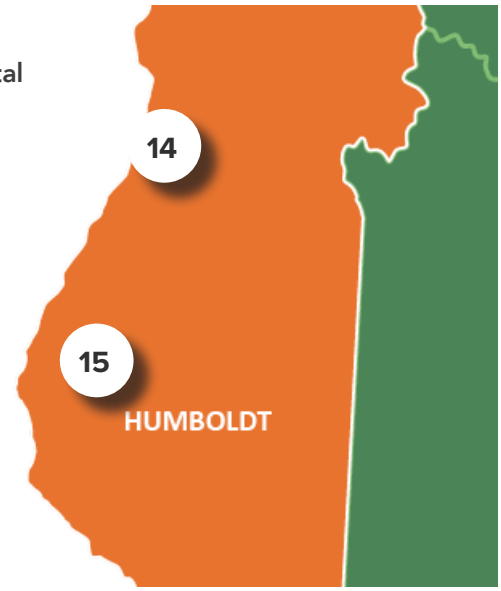
7. **NorthBay Medical Center**
   Fairfield, CA 94533
8. **NorthBay VacaValley Hospital**
   Vacaville, CA 95687

## Sacramento Area Facilities

9. **Woodland Memorial Hospital**
   Woodland, CA 95695
10. **Mercy General Hospital**
    Sacramento, CA 95819
11. **Methodist Hospital of Sacramento**
    Sacramento, CA 95823
12. **Mercy San Juan Hospital**
    Carmichael, CA 95608
13. **Mercy Hospital of Folsom**
    Folsom, CA 95630

## Humboldt County Facilities

14. **Providence St. Joseph Hospital Eureka**
    Eureka, CA 95501
15. **Providence Redwood Memorial Hospital**
    Fortuna, CA 95540



## we offer extensive plan options

**All WHA small group plans comply with the metal tiers established by the Affordable Care Act [ACA] and include the 10 Essential Health Benefits.**

- These essential health benefits include services like preventive care and screenings, hospitalization and emergency services, maternity and newborn care, mental health and substance use disorder services, prescription drugs, lab services, pediatric services, and dental and vision care for kids.
- The metal-tier system designates a plan as platinum, gold, silver or bronze to help you compare options.

**WHA offers employers three types of plans**

- Traditional (fixed copays without reaching a deductible first)
- Deductible (fixed costs for office visits with some services needing a deductible)
- HSA-compatible high-deductible (when bundled with a health savings account, HDHPs allow members to build funds to pay for out-of-pocket expenses).

**The following plan comparisons may assist employers with their plan offering decisions:**



- Available Direct from WHA – including Gateway plans that are unique to WHA, and small group mirror plans to those offered on the state's exchange, Covered California for Small Business (CCSB)
- Available in CalChoice – including Sierra plans that are unique to the CalChoice offering, and Capital plans, mirrored to CCSB
- Available in Covered California for Small Business – includes Covered California standard plans and two alternate plans

**THIS BENEFIT COMPARISON IS 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

Copayment/coinsurance is listed per day/per trip/per prescription

| | | TRADITIONAL PLANS | | | | |
|---|---|---|---|---|---|---|
| | | WHA PLATINUM 90 HMO 0/25 PCP + CHILD DENTAL | GATEWAY 20 PLATINUM 90 HMO | GATEWAY 30 PLATINUM 90 HMO | WHA PLATINUM 90 HMO 0/20 PCP + CHILD DENTAL ALT | GATEWAY 40 GOLD 80 HMO |
| **MEDICAL DEDUCTIBLE[1]** | SELF-ONLY COVERAGE | N/A | N/A | N/A | N/A | N/A |
| | INDIVIDUAL WITH FAMILY | | | | | |
| | FAMILY COVERAGE | | | | | |
| **PRESCRIPTION DEDUCTIBLE[1]** | SELF-ONLY COVERAGE | N/A | N/A | N/A | N/A | N/A |
| | INDIVIDUAL WITH FAMILY | | | | | |
| | FAMILY COVERAGE | | | | | |
| **ANNUAL OUT-OF-POCKET MAXIMUM[2]** | SELF-ONLY COVERAGE | $5,000 | $5,500 | $5,500 | $5,500 | $8,750 |
| | INDIVIDUAL WITH FAMILY | $5,000 | $5,500 | $5,500 | $5,500 | $8,750 |
| | FAMILY COVERAGE | $10,000 | $11,000 | $11,000 | $11,000 | $17,500 |
| **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 SERVICES[3]** | | | | | | |
| Office or virtual visits, primary care | | $25 | $20 | $30 | $20 | $40 |
| Office or virtual visits, specialist | | $40 | $40 | $30 | $20 | $80 |
| Annual adult vision exam[7] | | not covered | CIF | CIF | CIF | CIF |
| Hearing examinations | | not covered | CIF | CIF | CIF | CIF |
| Outpatient surgery, facility | | $100 | $300 | $300 | $300 | $300 |
| Outpatient surgery, professional | | $35 | CIF | CIF | CIF | CIF |
| Laboratory tests | | $20 | CIF | CIF | CIF | $40 |
| X-ray and diagnostic imaging | | $35 | $20 | CIF | CIF | $60 |
| Imaging (CT/PET scans and MRIs) | | $150 | $300 | $300 | $300 | $300 |
| **HOSPITALIZATION SERVICES** | | | | | | |
| Hospital inpatient, facility (days) | | $300 (1-5) | $500 per admission | $300 (1-3) | 30%[10] | $600 per day |
| Hospital inpatient, professional | | CIF | CIF | CIF | CIF | CIF |
| **MENTAL HEALTH & SUBSTANCE USE DISORDERS** | | | | | | |
| Office or virtual visits | | $25 | $20 | $30 | $20 | $40 |
| Outpatient other services | | CIF | CIF | CIF | CIF | CIF |
| Inpatient services, facility (days) | | $300 (1-5) | $500 per admission | $300 (1-3) | 30%[10] | $600 per day |
| **OTHER SERVICES** | | | | | | |
| Emergency room, facility (waived if admitted) | | $250 | $300 | $300 | $150 | $300 |
| Emergency room, professional | | CIF | CIF | CIF | CIF | CIF |
| Urgent care virtual visit | | $25 | $25 | $35 | $25 | $45 |
| Urgent care center | | $25 | $50 | $50 | $50 | $100 |
| Ambulance services | | $150 | CIF | CIF | CIF | CIF |
| Durable medical equipment[5] | | 10%[10] | 20%[10] | 20%[10] | 20%[10] | 20%[10] |
| Home health services, up to 100 visits | | $20 | CIF | CIF | CIF | CIF |
| Acupuncture[6] | | $25 | $15 | $15 | $15 | $15 |
| Chiropractic, up to 20 visits[6] | | not covered | $15 | $15 | $15 | $15 |
| Pediatric (up to 19) vision[7] | | Vision exam/eyewear at no cost | | | | |
| Pediatric (up to 19) dental[8] | | Diagnostic and preventive dental care at no cost; see additional benefit info | | | | |
| **PRESCRIPTION SERVICES[9]** | | | | | | |
| Retail Pharmacy (30-day supply) TIER 1 | | $10 | $10 | $10 | $10 | $20 |
| Retail Pharmacy (30-day supply) TIER 2 | | $25 | $40 | $40 | $40 | $50 |
| Retail Pharmacy (30-day supply) TIER 3 | | $40 | $60 | $60 | $60 | $75 |
| Retail Pharmacy (30-day supply) TIER 4 | | 10%, up to $250[10] | 20%, up to $250[10] | 20%, up to $250[10] | 20%, up to $250[10] | 20%, up to $250[10] |

# DIRECT FROM WHA

Copayment/coinsurance is listed per day/per trip/per prescription

| | | DEDUCTIBLE PLANS | | |
|---|---|---|---|---|
| | | WHA GOLD 80 HMO 325/40 PCP + CHILD DENTAL | WHA GOLD 80 HMO 1000/40 PCP + CHILD DENTAL ALT | GATEWAY 4020 GOLD 80 HMO |
| MEDICAL DEDUCTIBLE[1] | SELF-ONLY COVERAGE | $325 | $1,000 | $1,750 |
| | INDIVIDUAL WITH FAMILY | $325 | $1,000 | $1,750 |
| | FAMILY COVERAGE | $650 | $2,000 | $3,500 |
| PRESCRIPTION DEDUCTIBLE[1] | SELF-ONLY COVERAGE | N/A | $500 | $250 |
| | INDIVIDUAL WITH FAMILY | | $500 | $250 |
| | FAMILY COVERAGE | | $1,000 | $500 |
| ANNUAL OUT-OF-POCKET MAXIMUM[2] | SELF-ONLY COVERAGE | $8,600 | $8,500 | $8,500 |
| | INDIVIDUAL WITH FAMILY | $8,600 | $8,500 | $8,500 |
| | FAMILY COVERAGE | $17,200 | $17,000 | $17,000 |
| **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 SERVICES[3]** | | | | |
| Office or virtual visits, primary care | | $40 | $40 | $40 |
| Office or virtual visits, specialist | | $60 | $60 | $60 |
| Annual adult vision exam[7] | | not covered | CIF | CIF |
| Hearing examinations | | not covered | CIF | CIF |
| Outpatient surgery, facility | | $300 AD | $500 AD | $500 AD |
| Outpatient surgery, professional | | $40 | CIF | CIF |
| Laboratory tests | | $40 | CIF | CIF |
| X-ray and diagnostic imaging | | $60 | $40 | CIF |
| Imaging (CT/PET scans and MRIs) | | $350 AD | $300 | $300 |
| **HOSPITALIZATION SERVICES** | | | | |
| Hospital inpatient, facility (days) | | $600 AD (1-5) | $500 AD (1-5) | %400 AD (1-5) |
| Hospital inpatient, professional | | CIF | CIF | CIF |
| **MENTAL HEALTH & SUBSTANCE USE DISORDERS** | | | | |
| Office or virtual visits | | $40 | $40 | $40 |
| Outpatient other services | | CIF | CIF | CIF |
| Inpatient services, facility (days) | | $600 AD (1-5) | $500 AD (1-5) | $500 AD (1-5) |
| **OTHER SERVICES** | | | | |
| Emergency room, facility (waived if admitted) | | $300 AD | $300 AD | $300 AD |
| Emergency room, professional | | CIF | CIF | CIF |
| Urgent care virtual visit | | $40 | $45 | $45 |
| Urgent care center | | $40 | $50 | $50 |
| Ambulance services | | $250 AD | CIF | CIF |
| Durable medical equipment[5] | | 20%[10] | 20%[10] | 20%[10] |
| Home health services, up to 100 visits | | $30 | CIF | CIF |
| Acupuncture[6] | | $60 | $15 | $15 |
| Chiropractic, up to 20 visits[6] | | not covered | $15 | $15 |
| Pediatric (up to 19) vision[7] | | Vision exam/eyewear at no cost | | |
| Pediatric (up to 19) dental[8] | | Diagnostic and preventive dental care at no cost; see additional benefit info | | |
| **PRESCRIPTION SERVICES[9]** | | | | |
| Retail Pharmacy (30-day supply) TIER 1 | | $15 | $10 | $10 |
| Retail Pharmacy (30-day supply) TIER 2 | | $50 | $50 AD Rx | $50 AD Rx |
| Retail Pharmacy (30-day supply) TIER 3 | | $70 | $75 AD Rx | $75 AD Rx |
| Retail Pharmacy (30-day supply) TIER 4 | | 20%, up to $250[10] | 20%, up to $250 Rx[10] | 20%, up to $250 AD Rx[10] |

# DIRECT FROM WHA

Copayment/coinsurance is listed per day/per trip/per prescription

| | | DEDUCTIBLE PLANS | | |
|---|---|---|---|---|
| | | WHA SILVER 70 HMO 2500/60 PCP + CHILD DENTAL | GATEWAY 5025 SILVER 70 HMO | WHA BRONZE 60 HMO 5800/60 PCP + CHILD DENTAL |
| MEDICAL DEDUCTIBLE[1] | SELF-ONLY COVERAGE | $2,500 | $2,500 | $5,800 |
| | INDIVIDUAL WITH FAMILY | $2,500 | $2,500 | $5,800 |
| | FAMILY COVERAGE | $5,000 | $5,000 | $11,600 |
| PRESCRIPTION DEDUCTIBLE[1] | SELF-ONLY COVERAGE | $350 | $500 | $450 |
| | INDIVIDUAL WITH FAMILY | $350 | $500 | $450 |
| | FAMILY COVERAGE | $700 | $1,000 | $900 |
| ANNUAL OUT-OF-POCKET MAXIMUM[2] | SELF-ONLY COVERAGE | $9,200 | $11,000 | $11,650 |
| | INDIVIDUAL WITH FAMILY | $9,200 | $11,000 | $11,650 |
| | FAMILY COVERAGE | $18,400 | $22,000 | $23,300 |
| **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 SERVICES[3]** | | | | |
| Office or virtual visits, primary care | | $60 | $50 | $60 |
| Office or virtual visits, specialist | | $90 | $50 | $100 AD |
| Annual adult vision exam[7] | | not covered | CIF | not covered |
| Hearing examinations | | not covered | CIF | not covered |
| Outpatient surgery, facility | | 40% AD[10] | $500 AD | 40% AD[10] |
| Outpatient surgery, professional | | 40%[10] | CIF | 40% AD[10] |
| Laboratory tests | | $55 | $50 | $50 |
| X-ray and diagnostic imaging | | $90 | $80 | 40% AD[10] |
| Imaging (CT/PET scans and MRIs) | | $300 AD | $500 AD | 40% AD[10] |
| **HOSPITALIZATION SERVICES** | | | | |
| Hospital inpatient, facility (days) | | 40% AD[10] | 30% AD[10] | 40% AD[10] |
| Hospital inpatient, professional | | 40%[10] | CIF | 40% AD[10] |
| **MENTAL HEALTH & SUBSTANCE USE DISORDERS** | | | | |
| Office or virtual visits | | $60 | $50 | $60 |
| Outpatient other services | | 40%, up to $60[10] | CIF | 40%, up to $60[10] |
| Inpatient services, facility (days) | | 40% AD[10] | 30% AD[10] | 40% AD[10] |
| **OTHER SERVICES** | | | | |
| Emergency room, facility (waived if admitted) | | 40% AD[10] | 30% AD[10] | 40% AD[10] |
| Emergency room, professional | | CIF | CIF | CIF |
| Urgent care virtual visit | | up to $60 | $49 | $49 |
| Urgent care center | | $60 | $50 | $60 |
| Ambulance services | | 40% AD[10] | CIF | 40% AD[10] |
| Durable medical equipment[5] | | 40%[10] | 20%[10] | 40% AD[10] |
| Home health services, up to 100 visits | | $45 | CIF | 40% AD[10] |
| Acupuncture[6] | | $60 | $15 | $60 |
| Chiropractic, up to 20 visits[6] | | not covered | $15 | not covered |
| Pediatric (up to 19) vision[7] | | Vision exam/eyewear at no cost | | |
| Pediatric (up to 19) dental[8] | | Diagnostic and preventive dental care at no cost; see additional benefit info | | |
| **PRESCRIPTION SERVICES[9]** | | | | |
| Retail Pharmacy (30-day supply) TIER 1 | | $20 | $25 | $20 |
| Retail Pharmacy (30-day supply) TIER 2 | | $90 AD Rx | 30%, up to $250 AD Rx[10] | 40%, up to $500 AD Rx[10] |
| Retail Pharmacy (30-day supply) TIER 3 | | $110 AD Rx | 30%, up to $250 AD Rx[10] | 40%, up to $500 AD Rx[10] |
| Retail Pharmacy (30-day supply) TIER 4 | | 30%, up to $250 AD Rx[10] | 30%, up to $250 AD Rx[10] | 40%, up to $500 AD Rx[10] |

# DIRECT FROM WHA

Copayment/coinsurance is listed per day/per trip/per prescription

| | | HSA-COMPATIBLE HIGH-DEDUCTIBLE PLANS | | | | |
|---|---|---|---|---|---|---|
| | | GATEWAY 1750 PLATINUM 90 HDHP HMO | GATEWAY 3300 GOLD 80 HDHP HMO | GATEWAY 1750 GOLD 80 HDHP HMO | WHA SILVER 70 HDHP HMO 3200/25% PCP + CHILD DENTAL | GATEWAY 7800 BRONZE 60 HDHP HMO |
| MEDICAL DEDUCTIBLE[1] | SELF-ONLY COVERAGE | $1,750 | $3,300 | $1,750 | $3,200 | $7,800 |
| | INDIVIDUAL WITH FAMILY | $3,500 | $3,500 | $3,500 | $3,500 | $7,800 |
| | FAMILY COVERAGE | $3,500 | $6,600 | $3,500 | $6,400 | $15,600 |
| PRESCRIPTION DEDUCTIBLE[1] | SELF-ONLY COVERAGE | Included in the medical deductible | | | | |
| | INDIVIDUAL WITH FAMILY | | | | | |
| | FAMILY COVERAGE | | | | | |
| ANNUAL OUT-OF-POCKET MAXIMUM[2] | SELF-ONLY COVERAGE | $3,500 | $6,000 | $6,000 | $8,700 | $7,800 |
| | INDIVIDUAL WITH FAMILY | $3,500 | $6,000 | $6,000 | $8,700 | $7,800 |
| | FAMILY COVERAGE | $7,000 | $12,000 | $12,000 | $17,400 | $15,600 |
| **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 SERVICES[3]** | | | | | | |
| Office or virtual visits, primary care | | CIF AD | CIF AD | 20% AD[10] | 25% AD[10] | CIF AD |
| Office or virtual visits, specialist | | CIF AD | CIF AD | 20% AD[10] | 25% AD[10] | CIF AD |
| Annual adult vision exam[7] | | CIF | CIF | CIF | CIF | CIF |
| Hearing examinations | | CIF | CIF | CIF | CIF | CIF |
| Outpatient surgery, facility | | CIF AD | CIF AD | 20% AD[10] | 25% AD[10] | CIF AD |
| Outpatient surgery, professional | | CIF AD | CIF AD | 20% AD[10] | 25% AD[10] | CIF AD |
| Laboratory tests | | CIF AD | CIF AD | 20% AD[10] | 25% AD[10] | CIF AD |
| X-ray and diagnostic imaging | | CIF AD | CIF AD | 20% AD[10] | 25% AD[10] | CIF AD |
| Imaging (CT/PET scans and MRIs) | | CIF AD | CIF AD | 20% AD[10] | 25% AD[10] | CIF AD |
| **HOSPITALIZATION SERVICES** | | | | | | |
| Hospital inpatient, facility | | CIF AD | CIF AD | 20% AD[10] | 25% AD[10] | CIF AD |
| Hospital inpatient, professional | | CIF AD | CIF AD | 20% AD[10] | 25% AD[10] | CIF AD |
| **BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders** | | | | | | |
| Office or virtual visits | | CIF AD | CIF AD | 20% AD[10] | 25% AD[10] | CIF AD |
| Outpatient other services | | CIF AD | CIF AD | 20% AD[10] | 25% AD[10] | CIF AD |
| Inpatient services, facility | | CIF AD | CIF AD | 20% AD[10] | 25% AD[10] | CIF AD |
| **OTHER SERVICES** | | | | | | |
| Emergency room, facility (waived if admitted) | | CIF AD | CIF AD | 20% AD[10] | 25% AD[10] | CIF AD |
| Emergency room, professional | | CIF AD | CIF AD | 20% AD[10] | CIF AD | CIF AD |
| Urgent care virtual visit | | CIF AD | CIF AD | 20% AD[10] | 25% AD[10] | CIF AD |
| Urgent care center | | CIF AD | CIF AD | 20% AD[10] | 25% AD[10] | CIF AD |
| Ambulance services | | CIF AD | CIF AD | 20% AD[10] | 25% AD[10] | CIF AD |
| Durable medical equipment[5] | | CIF AD | CIF AD | 20% AD[10] | 25% AD[10] | CIF AD |
| Home health services, up to 100 visits | | CIF AD | CIF AD | 20% AD[10] | 25% AD[10] | CIF AD |
| Acupuncture[6] | | CIF AD | CIF AD | CIF AD | 25% AD[10] | CIF AD |
| Chiropractic, up to 20 visits[6] | | CIF AD | CIF AD | CIF AD | CIF AD | CIF AD |
| Pediatric (up to 19) vision[7] | | Vision exam/eyewear at no cost | | | | |
| Pediatric (up to 19) dental[8] | | Diagnostic and preventive dental care at no cost; see additional benefit info | | | | |
| **PRESCRIPTION SERVICES[9]** | | | | | | |
| TIER 1: Retail Pharmacy/Home Delivery | | CIF AD | CIF AD | $10 AD | 25%, up to $250 AD[10] | CIF AD |
| TIER 2: Retail Pharmacy/Home Delivery | | CIF AD | $40 AD | $40 AD | 25%, up to $250 AD[10] | CIF AD |
| TIER 3: Retail Pharmacy/Home Delivery | | $40 AD | $60 AD | $60 AD | 25%, up to $250 AD[10] | CIF AD |
| TIER 4: 30-day supply | | $100 AD | 20%, up to $250 AD[10] | 20%, up to $250 AD[10] | 25%, up to $250 AD[10] | CIF AD |

## AVAILABLE IN CALCHOICE

Copayment/coinsurance is listed per day/per trip/per prescription

| | | TRADITIONAL PLANS | | | |
|---|---|---|---|---|---|
| | | SIERRA 20/30% PLATINUM 90 HMO | SIERRA 20 PLATINUM 90 HMO | CAPITAL 25 PLATINUM 90 HMO | SIERRA 40 GOLD 80 HMO |
| MEDICAL DEDUCTIBLE[1] | SELF-ONLY COVERAGE<br>INDIVIDUAL WITH FAMILY<br>FAMILY COVERAGE | N/A | N/A | none | N/A |
| PRESCRIPTION DEDUCTIBLE[1] | SELF-ONLY COVERAGE<br>INDIVIDUAL WITH FAMILY<br>FAMILY COVERAGE | N/A | N/A | none | N/A |
| ANNUAL OUT-OF-POCKET MAXIMUM[2] | SELF-ONLY COVERAGE | $5,000 | $5,500 | $4,000 | $8,750 |
| | INDIVIDUAL WITH FAMILY | $5,000 | $5,500 | $4,000 | $8,750 |
| | FAMILY COVERAGE | $10,000 | $11,000 | $8,000 | $17,500 |
| **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 SERVICES[3]** | | | | | |
| Office or virtual visits, primary care | | $25 | $20 | $20 | $40 |
| Office or virtual visits, specialist | | $40 | $40 | $20 | $80 |
| Annual adult vision exam[7] | | not covered | CIF | CIF | CIF |
| Hearing examinations | | not covered | CIF | CIF | CIF |
| Outpatient surgery, facility | | $100 | $300 | $300 | $300 |
| Outpatient surgery, professional | | $35 | CIF | CIF | CIF |
| Laboratory tests | | $20 | CIF | CIF | $40 |
| X-ray and diagnostic imaging | | $35 | $20 | CIF | $60 |
| Imaging (CT/PET scans and MRIs) | | $150 | $300 | $300 | $300 |
| **HOSPITALIZATION SERVICES** | | | | | |
| Hospital inpatient, facility (days) | | $300 (1-5) | $500 per admission | 30%[10] | $600 per day |
| Hospital inpatient, professional | | CIF | CIF | CIF | CIF |
| **MENTAL HEALTH & SUBSTANCE USE DISORDERS** | | | | | |
| Office or virtual visits | | $25 | $20 | $20 | $40 |
| Outpatient other services | | CIF | CIF | CIF | CIF |
| Inpatient services, facility (days) | | $300 (1-5) | $500 per admission | 30%[10] | $600 per day |
| **OTHER SERVICES** | | | | | |
| Emergency room, facility (waived if admitted) | | $250 | $300 | $150 | $300 |
| Emergency room, professional | | CIF | CIF | CIF | CIF |
| Urgent care virtual visit | | $25 | $25 | $25 | $45 |
| Urgent care center | | $25 | $50 | $50 | $100 |
| Ambulance services | | $150 | CIF | CIF | CIF |
| Durable medical equipment[5] | | 10%[10] | 20%[10] | 20%[10] | 20%[10] |
| Home health services, up to 100 visits | | $20 | CIF | CIF | CIF |
| Acupuncture[6] | | $25 | $15 | $15 | $15 |
| Chiropractic, up to 20 visits[6] | | not covered | $15 | $15 | $15 |
| Pediatric (up to 19) vision[7] | | Vision exam/eyewear at no cost | | | |
| Pediatric (up to 19) dental[8] | | Diagnostic and preventive dental care at no cost; see additional benefit info | | | |
| **PRESCRIPTION SERVICES[9]** | | | | | |
| Retail Pharmacy (30-day supply) TIER 1 | | $10 | $10 | $10 | $20 |
| Retail Pharmacy (30-day supply) TIER 2 | | $25 | $40 | $40 | $50 |
| Retail Pharmacy (30-day supply) TIER 3 | | $40 | $60 | $60 | $75 |
| Retail Pharmacy (30-day supply) TIER 4 | | 10%, up to $250[10] | 20%, up to $250[10] | 20%, up to $250[10] | 20%, up to $250[10] |

# AVAILABLE IN CALCHOICE

Copayment/coinsurance is listed per day/per trip/per prescription

| | | DEDUCTIBLE PLANS | | | | |
|---|---|---|---|---|---|---|
| | | CAPITAL 325 GOLD 80 HMO | SIERRA 4010 GOLD 80 HMO | CAPITAL 2500 SILVER 70 HMO | SIERRA 5025 SILVER 70 HMO | CAPITAL 5800 BRONZE 60 HMO |
| **MEDICAL DEDUCTIBLE[1]** | SELF-ONLY COVERAGE | $325 | $1,000 | $2,500 | $2,500 | $5,800 |
| | INDIVIDUAL WITH FAMILY | $325 | $1,000 | $2,500 | $2,500 | $5,800 |
| | FAMILY COVERAGE | $650 | $2,000 | $5,000 | $5,000 | $11,600 |
| **PRESCRIPTION DEDUCTIBLE[1]** | SELF-ONLY COVERAGE | N/A | $500 | $350 | $500 | $450 |
| | INDIVIDUAL WITH FAMILY | | $500 | $350 | $500 | $450 |
| | FAMILY COVERAGE | | $1,000 | $700 | $1,000 | $900 |
| **ANNUAL OUT-OF-POCKET MAXIMUM[2]** | SELF-ONLY COVERAGE | $8,600 | $8,500 | $9,200 | $11,000 | $11,650 |
| | INDIVIDUAL WITH FAMILY | $8,600 | $8,500 | $9,200 | $11,000 | $11,650 |
| | FAMILY COVERAGE | $17,200 | $17,000 | $18,400 | $22,000 | $23,300 |
| **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 SERVICES[3]** | | | | | | |
| Office or virtual visits, primary care | | $40 | $40 | $60 | $50 | $60 |
| Office or virtual visits, specialist | | $60 | $60 | $90 | $50 | $100 AD |
| Annual adult vision exam[7] | | not covered | CIF | not covered | CIF | not covered |
| Hearing examinations | | not covered | CIF | not covered | CIF | not covered |
| Outpatient surgery, facility | | $300 AD | $500 AD | 40% AD[10] | $500 AD | 40% AD[10] |
| Outpatient surgery, professional | | $40 | CIF | 40%[10] | CIF | 40% AD[10] |
| Laboratory tests | | $40 | CIF | $55 | $50 | $50 |
| X-ray and diagnostic imaging | | $60 | $40 | $90 | $80 | 40% AD[10] |
| Imaging (CT/PET scans and MRIs) | | $350 AD | $300 | $300 AD | $500 AD | 40% AD[10] |
| **HOSPITALIZATION SERVICES** | | | | | | |
| Hospital inpatient, facility (days) | | $600 AD (1-5) | $500 AD (1-5) | 40% AD[10] (1-5) | 30% AD[10] | 40% AD[10] |
| Hospital inpatient, professional | | CIF | CIF | 40%[10] | CIF | 40% AD[10] |
| **MENTAL HEALTH & SUBSTANCE USE DISORDERS** | | | | | | |
| Office or virtual visits | | $40 | $40 | $60 | $50 | $60 |
| Outpatient other services | | CIF | CIF | 40%, up to $60[10] | CIF | 40%, up to $60[10] |
| Inpatient services, facility (days) | | $600 AD (1-5) | $500 AD (1-5) | 40% AD[10] | 30% AD[10] | 40% AD[10] |
| **OTHER SERVICES** | | | | | | |
| Emergency room, facility (waived if admitted) | | $300 AD | $300 AD | 40% AD[10] | 30% AD[10] | 40% AD[10] |
| Emergency room, professional | | CIF | CIF | CIF | CIF | CIF |
| Urgent care virtual visit | | $40 | $45 | up to $60 | $49 | $49 |
| Urgent care center | | $40 | $50 | $60 | $50 | $60 |
| Ambulance services | | $250 AD | CIF | 40% AD[10] | CIF | 40% AD[10] |
| Durable medical equipment[5] | | 20%[10] | 20%[10] | 40%[10] | 20%[10] | 40% AD[10] |
| Home health services, up to 100 visits | | $30 | CIF | $45 | CIF | 40% AD[10] |
| Acupuncture[6] | | $60 | $15 | $60 | $15 | $60 |
| Chiropractic, up to 20 visits[6] | | not covered | $15 | not covered | $15 | not covered |
| Pediatric (up to 19) vision[7] | | Vision exam/eyewear at no cost | | | | |
| Pediatric (up to 19) dental[8] | | Diagnostic and preventive dental care at no cost; see additional benefit info | | | | |
| **PRESCRIPTION SERVICES[9]** | | | | | | |
| Retail Pharmacy (30-day supply) TIER 1 | | $15 | $10 | $20 | $25 | $20 |
| Retail Pharmacy (30-day supply) TIER 2 | | $50 | $50 AD | $90 AD Rx | 30%, up to $250 AD Rx[10] | 40%, up to $500 AD Rx[10] |
| Retail Pharmacy (30-day supply) TIER 3 | | $70 | $75 AD | $110 AD Rx | 30% ,up to $250 AD Rx[10] | 40%, up to $500 AD Rx[10] |
| Retail Pharmacy (30-day supply) TIER 4 | | 20%, up to $250[10] | | 30%, up to $250 AD Rx[10] | | 40%, up to $500 AD Rx[10] |

## AVAILABLE IN CALCHOICE

Copayment/coinsurance is listed per day/per trip/per prescription

| | | HSA-COMPATIBLE HIGH-DEDUCTIBLE PLANS | | |
|---|---|---|---|---|
| | | SIERRA 3300 GOLD 80 HDHP HMO | SIERRA 3200 SILVER 70 HDHP HMO | SIERRA 7800 BRONZE 60 HDHP HMO |
| MEDICAL DEDUCTIBLE[1] | SELF-ONLY COVERAGE | $3,300 | $3,200 | $7,800 |
| | INDIVIDUAL WITH FAMILY | $3,500 | $3,500 | $7,800 |
| | FAMILY COVERAGE | $6,600 | $6,400 | $15,600 |
| PRESCRIPTION DEDUCTIBLE[1] | SELF-ONLY COVERAGE | included in the medical deductible | | |
| | INDIVIDUAL WITH FAMILY | | | |
| | FAMILY COVERAGE | | | |
| ANNUAL OUT-OF-POCKET MAXIMUM[2] | SELF-ONLY COVERAGE | $6,000 | $8,700 | $7,800 |
| | INDIVIDUAL WITH FAMILY | $6,000 | $8,700 | $7,800 |
| | FAMILY COVERAGE | $12,000 | $17,400 | $15,600 |
| **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 SERVICES[3]** | | | | |
| Office or virtual visits, primary care | | CIF AD | 25% AD[10] | CIF AD |
| Office or virtual visits, specialist | | CIF AD | 25% AD[10] | CIF AD |
| Annual adult vision exam[7] | | CIF | CIF | CIF |
| Hearing examinations | | CIF | CIF | CIF |
| Outpatient surgery, facility | | CIF AD | 25% AD[10] | CIF AD |
| Outpatient surgery, professional | | CIF AD | 25% AD[10] | CIF AD |
| Laboratory tests | | CIF AD | 25% AD[10] | CIF AD |
| X-ray and diagnostic imaging | | CIF AD | 25% AD[10] | CIF AD |
| Imaging (CT/PET scans and MRIs) | | CIF AD | 25% AD[10] | CIF AD |
| **HOSPITALIZATION SERVICES** | | | | |
| Hospital inpatient, facility | | CIF AD | 25% AD[10] | CIF AD |
| Hospital inpatient, professional | | CIF AD | 25% AD[10] | CIF AD |
| **MENTAL HEALTH & SUBSTANCE USE DISORDERS** | | | | |
| Office or virtual visits | | CIF AD | 25% AD[10] | CIF AD |
| Outpatient other services | | CIF AD | 25% AD[10] | CIF AD |
| Inpatient services, facility | | CIF AD | 25% AD[10] | CIF AD |
| **OTHER SERVICES** | | | | |
| Emergency room, facility (waived if admitted) | | CIF AD | 25% AD[10] | CIF AD |
| Emergency room, professional | | CIF AD | CIF AD | CIF AD |
| Urgent care virtual visit | | CIF AD | 25% AD[10] | CIF AD |
| Urgent care center | | CIF AD | 25% AD[10] | CIF AD |
| Ambulance services | | CIF AD | 25% AD[10] | CIF AD |
| Durable medical equipment[5] | | CIF AD | 25% AD[10] | CIF AD |
| Home health services, up to 100 visits | | CIF AD | 25% AD[10] | CIF AD |
| Acupuncture[6] | | CIF AD | 25% AD[10] | CIF AD |
| Chiropractic, up to 20 visits[6] | | CIF AD | CIF AD | CIF AD |
| Pediatric (up to 19) vision[7] | | Vision exam/eyewear at no cost | | |
| Pediatric (up to 19) dental[8] | | Diagnostic and preventive dental care at no cost; see additional benefit info | | |
| **PRESCRIPTION SERVICES[9]** | | | | |
| Retail Pharmacy (30-day supply) TIER 1 | | CIF AD | 25%, up to $250 AD[10] | CIF AD |
| Retail Pharmacy (30-day supply) TIER 2 | | $40 AD | 25%, up to $250 AD[10] | CIF AD |
| Retail Pharmacy (30-day supply) TIER 3 | | $60 AD | 25%, up to $250 AD[10] | CIF AD |
| Retail Pharmacy (30-day supply) TIER 4 | | 20%, up to $250 AD[10] | 25%, up to $250 AD[10] | CIF AD |

# OFFERED IN CCSB

Copayment/coinsurance is listed per day/per trip/per prescription

| | | TRADITIONAL PLANS | |
|---|---|---|---|
| | | WHA PLATINUM 90 HMO 0/25 PCP + CHILD DENTAL | WHA PLATINUM 90 HMO 0/20 PCP + CHILD DENTAL ALT |
| MEDICAL DEDUCTIBLE[1] | SELF-ONLY COVERAGE | N/A | N/A |
| | INDIVIDUAL WITH FAMILY | | |
| | FAMILY COVERAGE | | |
| PRESCRIPTION DEDUCTIBLE[1] | SELF-ONLY COVERAGE | N/A | N/A |
| | INDIVIDUAL WITH FAMILY | | |
| | FAMILY COVERAGE | | |
| ANNUAL OUT-OF-POCKET MAXIMUM[2] | SELF-ONLY COVERAGE | $5,000 | $5,500 |
| | INDIVIDUAL WITH FAMILY | $5,000 | $5,500 |
| | FAMILY COVERAGE | $10,000 | $11,000 |
| **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 SERVICES[3]** | | | |
| Office or virtual visits, primary care | | $25 | $20 |
| Office or virtual visits, specialist | | $40 | $20 |
| Annual adult vision exam[7] | | not covered | CIF |
| Hearing examinations | | not covered | CIF |
| Outpatient surgery, facility | | $100 | $300 |
| Outpatient surgery, professional | | $35 | CIF |
| Laboratory tests | | $20 | CIF |
| X-ray and diagnostic imaging | | $35 | CIF |
| Imaging (CT/PET scans and MRIs) | | $150 | $300 |
| **HOSPITALIZATION SERVICES** | | | |
| Hospital inpatient, facility (days) | | $300 (1-5) | 30%[10] |
| Hospital inpatient, professional | | CIF | CIF |
| **MENTAL HEALTH & SUBSTANCE USE DISORDERS** | | | |
| Office or virtual visits | | $25 | $20 |
| Outpatient other services | | CIF | CIF |
| Inpatient services, facility (days) | | $300 (1-5) | 30%[10] |
| **OTHER SERVICES** | | | |
| Emergency room, facility (waived if admitted) | | $250 | $150 |
| Emergency room, professional | | CIF | CIF |
| Urgent care virtual visit | | $25 | $25 |
| Urgent care center | | $25 | $50 |
| Ambulance services | | $150 | CIF |
| Durable medical equipment[5] | | 10%[10] | 20%[10] |
| Home health services, up to 100 visits | | $20 | CIF |
| Acupuncture[6] | | $25 | $15 |
| Chiropractic, up to 20 visits[6] | | not covered | $15 |
| Pediatric (up to 19) vision[7] | | Vision exam/eyewear at no cost | |
| Pediatric (up to 19) dental[8] | | Diagnostic and preventive dental care at no cost; see additional benefit info | |
| **PRESCRIPTION SERVICES[9]** | | | |
| Retail Pharmacy (30-day supply) TIER 1 | | $10 | $10 |
| Retail Pharmacy (30-day supply) TIER 2 | | $25 | $40 |
| Retail Pharmacy (30-day supply) TIER 3 | | $40 | $60 |
| Retail Pharmacy (30-day supply) TIER 4 | | 10%, up to $250[10] | 20%, up to $250[10] |

# OFFERED IN CCSB

Copayment/coinsurance is listed per day/per trip/per prescription

| | | DEDUCTIBLE PLANS | | | |
|---|---|---|---|---|---|
| | | WHA GOLD 80 HMO 325/40 PCP + CHILD DENTAL | WHA GOLD 80 HMO 1000/40 PCP + CHILD DENTAL ALT | WHA SILVER 70 HMO 2500/60 PCP + CHILD DENTAL | WHA BRONZE 60 HMO 5800/60 PCP + CHILD DENTAL |
| MEDICAL DEDUCTIBLE[1] | SELF-ONLY COVERAGE | $325 | $1,000 | $2,500 | $5,800 |
| | INDIVIDUAL WITH FAMILY | $325 | $1,000 | $2,500 | $5,800 |
| | FAMILY COVERAGE | $650 | $2,000 | $5,000 | $11,600 |
| PRESCRIPTION DEDUCTIBLE[1] | SELF-ONLY COVERAGE | N/A | $500 | $350 | $450 |
| | INDIVIDUAL WITH FAMILY | | $500 | $350 | $450 |
| | FAMILY COVERAGE | | $1,000 | $700 | $900 |
| ANNUAL OUT-OF-POCKET MAXIMUM[2] | SELF-ONLY COVERAGE | $8,600 | $8,500 | $9,200 | $11,650 |
| | INDIVIDUAL WITH FAMILY | $8,600 | $8,500 | $9,200 | $11,650 |
| | FAMILY COVERAGE | $17,200 | $17,000 | $18,400 | $23,300 |
| **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 SERVICES[3]** | | | | | |
| Office or virtual visits, primary care | | $40 | $40 | $60 | $60 |
| Office or virtual visits, specialist | | $60 | $60 | $90 | $100 AD |
| Annual adult vision exam[7] | | not covered | CIF | not covered | not covered |
| Hearing examinations | | not covered | CIF | not covered | not covered |
| Outpatient surgery, facility | | $300 AD | $500 AD | 40% AD[10] | 40% AD[10] |
| Outpatient surgery, professional | | $40 | CIF | 40%[10] | 40% AD[10] |
| Laboratory tests | | $40 | CIF | $55 | $50 |
| X-ray and diagnostic imaging | | $60 | $40 | $90 | 40% AD[10] |
| Imaging (CT/PET scans and MRIs) | | $350 AD | $300 | $300 AD | 40% AD[10] |
| **HOSPITALIZATION SERVICES** | | | | | |
| Hospital inpatient, facility (days) | | $600 AD (1-5) | $500 AD (1-5) | 40% AD[10] | 40% AD[10] |
| Hospital inpatient, professional | | CIF | CIF | 40%[10] | 40% AD[10] |
| **MENTAL HEALTH & SUBSTANCE USE DISORDERS** | | | | | |
| Office or virtual visits | | $40 | $40 | $60 | $60 |
| Outpatient other services | | CIF | CIF | 40%, up to $60[10] | 40% up to $60[10] |
| Inpatient services, facility (days) | | $600 AD (1-5) | $500 AD (1-5) | 40% AD[10] | 40% AD[10] |
| **OTHER SERVICES** | | | | | |
| Emergency room, facility (waived if admitted) | | $300 AD | $300 AD | 40% AD[10] | 40% AD[10] |
| Emergency room, professional | | CIF | CIF | CIF | CIF |
| Urgent care virtual visit | | $40 | $45 | up to $60 | $49 |
| Urgent care center | | $40 | $50 | $60 | $60 |
| Ambulance services | | $250 AD | CIF | 40% AD[10] | 40% AD[10] |
| Durable medical equipment[5] | | 20%[10] | 20%[10] | 40%[10] | 40% AD[10] |
| Home health services, up to 100 visits | | $30 | CIF | $45 | 40% AD[10] |
| Acupuncture[6] | | $60 | $15 | $60 | $60 |
| Chiropractic, up to 20 visits[6] | | not covered | $15 | not covered | not covered |
| Pediatric (up to 19) vision[7] | | Vision exam/eyewear at no cost | | | |
| Pediatric (up to 19) dental[8] | | Diagnostic and preventive dental care at no cost; see additional benefit info | | | |
| **PRESCRIPTION SERVICES[9]** | | | | | |
| Retail Pharmacy (30-day supply) TIER 1 | | $15 | $10 | $20 | $20 |
| Retail Pharmacy (30-day supply) TIER 2 | | $50 | $50 AD Rx | $90 AD Rx | 40%, up to $500 AD Rx[10] |
| Retail Pharmacy (30-day supply) TIER 3 | | $70 | $75 AD Rx | $110 AD Rx | 40%, up to $500 AD Rx[10] |
| Retail Pharmacy (30-day supply) TIER 4 | | 20%, up to $250[10] | 20%, up to $250 Rx[10] | 30%, up to $250 AD Rx[10] | 40%, up to $500 AD Rx[10] |

# OFFERED IN CCSB

Copayment/coinsurance is listed per day/per trip/per prescription

| | | HSA-COMPATIBLE HIGH-DEDUCTIBLE PLANS |
|---|---|---|
| | | WHA SILVER 70 HDHP HMO 3200/25% PCP + CHILD DENTAL |
| MEDICAL DEDUCTIBLE[1] | SELF-ONLY COVERAGE | $3,200 |
| | INDIVIDUAL WITH FAMILY | $3,500 |
| | FAMILY COVERAGE | $6,400 |
| PRESCRIPTION DEDUCTIBLE[1] | SELF-ONLY COVERAGE | Included in the medical deductible |
| | INDIVIDUAL WITH FAMILY | |
| | FAMILY COVERAGE | |
| ANNUAL OUT-OF-POCKET MAXIMUM[2] | SELF-ONLY COVERAGE | $8,700 |
| | INDIVIDUAL WITH FAMILY | $8,700 |
| | FAMILY COVERAGE | $17,400 |
| **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 SERVICES[3]** | | |
| Office or virtual visits, primary care | | 25% AD[10] |
| Office or virtual visits, specialist | | 25% AD[10] |
| Annual adult vision exam[7] | | CIF |
| Hearing examinations | | CIF |
| Outpatient surgery, facility | | 25% AD[10] |
| Outpatient surgery, professional | | 25% AD[10] |
| Laboratory tests | | 25% AD[10] |
| X-ray and diagnostic imaging | | 25% AD[10] |
| Imaging (CT/PET scans and MRIs) | | 25% AD[10] |
| **HOSPITALIZATION SERVICES** | | |
| Hospital inpatient, facility | | 25% AD[10] |
| Hospital inpatient, professional | | 25% AD[10] |
| **BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders** | | |
| Office or virtual visits | | 25% AD[10] |
| Outpatient other services | | 25% AD[10] |
| Inpatient services, facility | | 25% AD[10] |
| **OTHER SERVICES** | | |
| Emergency room, facility (waived if admitted) | | 25% AD[10] |
| Emergency room, professional | | CIF AD |
| Urgent care virtual visit | | 25% AD[10] |
| Urgent care center | | 25% AD[10] |
| Ambulance services | | 25% AD[10] |
| Durable medical equipment[5] | | 25% AD[10] |
| Home health services, up to 100 visits | | 25% AD[10] |
| Acupuncture[6] | | 25% AD[10] |
| Chiropractic, up to 20 visits[6] | | CIF AD |
| Pediatric (up to 19) vision[7] | | Vision exam/eyewear at no cost |
| Pediatric (up to 19) dental[8] | | Diagnostic and preventive dental care at no cost; see additional benefit info |
| **PRESCRIPTION SERVICES[9]** | | |
| TIER 1: Retail Pharmacy/Home Delivery | | 25% up to $250 AD[10] |
| TIER 2: Retail Pharmacy/Home Delivery | | 25% up to $250 AD[10] |
| TIER 3: Retail Pharmacy/Home Delivery | | 25% up to $250 AD[10] |
| TIER 4: 30-day supply | | 25% up to $250 AD[10] |

## PLAN BENEFIT COMPARISON 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 (when covered) are provided through Landmark Healthplan of California, Inc. Copayments for chiropractic services, if applicable, do not contribute to the deductible or medical OOP maximum.

7 Adult and pediatric vision benefits are provided through Vision Service Plan (VSP) and 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 $250 for 30-day supply after deductible.

10 Percentage copayment amounts are based on WHA's contracted rates with the provider of service.

11 The deductible is waived for first three non-preventive specialty care visits.

12 Optional VSP Advantage vision plans are underwritten and administered by Vision Service Plan (VSP).

13 DeltaCare USA and Delta Dental PPO plans are underwritten and administered by Delta Dental of California.

NOTE: Plans are pending DMHC approval.

## HEALTH SAVINGS ACCOUNT

The HealthEquity HSA gives members tax savings and the freedom to use health dollars for unreimbursed medical expenses. WHA offers a complimentary HSA to bundle with your high-deductible health plans (HDHP) when purchased direct from WHA. This partnership offers a level of integration: a single source for enrollment for the employer and claims payments from the HSA for the member.

## BUILT-IN HEALTH AND WELLNESS SUPPORT

Here are just a few of the value-added benefits you get included in every small group health plan with WHA.

- 24/7 Virtual Pregnancy & Family Support
- 1-1 Support to Quit Tobacco
- Personal Coaching for Weight Loss
- Sustainable Weight Loss and Diabetes Reversal
- Diabetes Prevention Program
- Health Assessment & Condition Management

## OPTIONAL FERTILITY & FAMILY-BUILDING PLANS

Expanded coverage for fertility and infertility services are available on every plan direct from WHA or purchased through CCSB. Standard medical copayments will apply for services and will contribute to the medical out-of-pocket maximum. See copayment summary and EOC for description of details, limitations, and/or exclusions.

## OPTIONAL BENEFIT PLANS & RATES

Optional vision and dental plans are available with any medical plan purchased direct from WHA. When plan is elected by employer, enrollment is concurrent to medical plan. Copayments do not contribute to the medical out-of-pocket maximum. See official plan documents for description of details, limitations and/or exclusions.

| ADULT VISION PLANS[12] | VSP Advantage 12/12/24 $0 | VSP Advantage 12/24/24 $20 |
|---|---|---|
| Annual Vision Exam | 12 months | 12 months |
| Glasses copay | $0 | $20 |
| Lenses/Frames ($150 allow) | 12/24 months | 24/24 months |
| Contact Lens Fit/Eval | up to $60 | up to $60 |
| Contacts ($150 allow; if in lieu of glasses) | 12 months | 24 months |
| **Adult Enrollee Only** per member per month | $4.27 | $3.08 |

| ADULT DENTAL PLANS[13] | DeltaCare® USA | Delta Dental PPO℠ |
|---|---|---|
| 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 |
| **Adult Enrollee Only** per member per month | $15.32 | $65.27 |

*Adult dental copays may apply to certain diagnostic services.

westernhealth ADVANTAGE

**outstanding support:** Our dedicated and knowledgeable Member Services team treats employees and their families with courtesy and respect at all times. That translates into high customer care ratings* and reliable member experience.

**community commitment:** WHA invests in the communities where we live and work. As a regional health plan, we're involved in our communities and support the organizations that you care about, often extending resources to members.

**preferred choice:** Finally, nearly 94% of our clinical providers and staff recommend* us to other physicians (and physician groups).

**ease of administration:** It's simple—we're easy to work with. We care about our employer groups and members so we always make it a priority to be here for them, now and always. You can count on us to take care of our members, who take care of your business. Count on us to be just a phone call away.

*Visit **choosewha.com/quality** to learn more about WHA's customer satisfaction ratings and annual provider survey results.

visit **choosewha.com/learnmore**

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EFFECTIVE JANUARY 2027, UPDATED 08.26