

westernhealth ADVANTAGE

PLAN COMPARISON

2027 • Individuals & Families

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.

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

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
800.445.5747
hillphysicians.com

NorthBay Health
707.646.5500
northbay.org

Mercy Medical Group
916.733.3333
mymercymedicalgroup.org

Providence Medical Network
888.432.5464
providence.org

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

local health plans, coverage built around you

Open enrollment is your opportunity to choose health coverage for the year ahead. Western Health Advantage offers individual and family plans designed to fit your health needs and budget, with access to a broad network of local doctors and hospitals offering comprehensive, personalized care. With WHA, you get local, connected coverage built around you.

Plans are available in Marin, Napa, Sacramento, Solano, Sonoma and Yolo counties, as well as parts of El Dorado and Placer counties. Find a doctor or facility near you at **choosewha.com/directory**.

choices to fit your needs

WHA's individual and family plans follow the Affordable Care Act metal levels—bronze, silver, gold and platinum—and cover the 10 Essential Health Benefits. These include preventive care and screenings, hospital and emergency services, maternity and newborn care, mental health and substance use disorder services, prescription drugs, laboratory services, pediatric care, and dental and vision care for children.

Choose from three plan types:

- **Traditional** — Fixed copays for many services without first meeting a deductible.
- **Deductible** — Fixed costs for office visits, with a deductible applying to some services.
- **HSA-compatible High-Deductible (HDHP)** — Can be paired with a health savings account to help you set aside funds for eligible out-of-pocket costs.



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 888.563.2250 or via email at individualsales@westernhealth.com.

AVAILABLE FROM WHA DIRECT AND COVERED CALIFORNIA UNLESS OTHERWISE INDICATED*

BENEFIT COMPARISON

TRADITIONAL PLANS

		WHA PLATINUM 90 HMO	WHA GOLD 80 HMO
MEDICAL DEDUCTIBLE[1]	SELF-ONLY COVERAGE	none	none
	INDIVIDUAL WITH FAMILY	none	none
	FAMILY COVERAGE	none	none
PRESCRIPTION DEDUCTIBLE[1]	SELF-ONLY COVERAGE	none	none
	INDIVIDUAL WITH FAMILY	none	none
	FAMILY COVERAGE	none	none
ANNUAL OUT-OF-POCKET MAXIMUM[2]	SELF-ONLY COVERAGE	$5,500	$9,600
	INDIVIDUAL WITH FAMILY	$5,500	$9,600
	FAMILY COVERAGE	$11,000	$19,200
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		$20	$40
Office or virtual visits, specialist		$45	$80
Outpatient surgery, facility		$100	$150
Outpatient surgery, professional		$50	$75
Laboratory tests		$25	$40
X-ray and diagnostic imaging		$35	$85
Imaging (CT/PET scans and MRIs)		$90	$125
HOSPITALIZATION SERVICES			
Hospital inpatient, facility		$325 (days 1-5)	$375 (days 1-5)
Hospital inpatient, professional		CIF	CIF
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders			
Office or virtual visits		$20	$40
Outpatient other services		CIF	CIF
Inpatient services, facility		$325 (days 1-5)	$375 (days 1-5)
Inpatient services, professional		CIF	CIF
OTHER SERVICES			
Emergency room, facility (waived if admitted)		$225	$350
Emergency room, professional		CIF	CIF
Urgent care virtual visit/Urgent care center		$20/$20	$40/$40
Ambulance services		$150 per trip	$250 per trip
Durable medical equipment[5]		10%[11]	20%[11]
Home health services, up to 100 visits		$20	$30
Acupuncture[6]		$20	$40
Pediatric vision, up to age 19[7]		Examination and eyewear at no cost, with a VSP provider; see additional benefit information	
Pediatric dental, up to age 19[8]		Diagnostic and preventive dental care at no cost; see additional benefit information	
PRESCRIPTION SERVICES[9]			
Tier 1 (Retail: 30-day supply)		$10	$19
Tier 2 (Retail: 30-day supply)		$25	$60
Tier 3 (Retail: 30-day supply)		$45	$90
Tier 4 (Retail: 30-day supply)		10% up to $250[11]	20% up to $250[11]

BENEFIT COMPARISON

DEDUCTIBLE PLANS

AVAILABLE FROM WHA DIRECT AND COVERED CALIFORNIA UNLESS OTHERWISE INDICATED*

		WHA SILVER 70 HMO	WHA OFF EXCHANGE SILVER 70 HMO	WHA BRONZE 60 HMO	ADVANTAGE WHA GOLD 80 HMO	FOR THOSE UNDER 30 WHO DO NOT QUALIFY FOR TAX CREDIT WHA MINIMUM COVERAGE HMO
		COVERED CA ONLY*	WHA DIRECT ONLY*		WHA DIRECT ONLY*	
MEDICAL DEDUCTIBLE[1]	SELF-ONLY COVERAGE	$4,700	$4,700	$5,800	$1,000	$12,000
	INDIVIDUAL WITH FAMILY	$4,700	$4,700	$5,800	$1,000	$12,000
	FAMILY COVERAGE	$9,400	$9,400	$11,600	$2,000	$24,000
PRESCRIPTION DEDUCTIBLE[1]	SELF-ONLY COVERAGE	$50	$50	$450	$500	included in the medical deductible
	INDIVIDUAL WITH FAMILY	$50	$50	$450	$500	
	FAMILY COVERAGE	$100	$100	$900	$1,000	
ANNUAL OUT-OF-POCKET MAXIMUM[2]	SELF-ONLY COVERAGE	$11,650	$11,650	$11,650	$8,500	$12,000
	INDIVIDUAL WITH FAMILY	$11,650	$11,650	$11,650	$8,500	$12,000
	FAMILY COVERAGE	$23,300	$23,300	$23,300	$17,000	$24,000
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		$50	$50	$60	$40	CIF AD[10]
Office or virtual visits, specialist		$100	$100	$100 AD[10]	$60	CIF AD
Outpatient surgery, facility		30%[11]	30%[11]	40% AD[11]	$500 AD	CIF AD
Outpatient surgery, professional		30%[11]	30%[11]	40% AD[11]	CIF	CIF AD
Laboratory tests		$50	$50	$50	CIF	CIF AD
X-ray and diagnostic imaging		$95	$95	40% AD[11]	$40	CIF AD
Imaging (CT/PET scans and MRIs)		$325	$325	40% AD[11]	$300	CIF AD
HOSPITALIZATION SERVICES						
Hospital inpatient, facility		30% AD[11]	30% AD[11]	40% AD[11]	$500 AD (days 1-5)	CIF AD
Hospital inpatient, professional		30%[11]	30%[11]	40% AD[11]	CIF	CIF AD
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders						
Office or virtual visits		$50	$50	$60	$40	CIF AD[10]
Outpatient other services		30% up to $50 [11]	30% up to $50 [11]	40% up to $60 [11]	CIF	CIF AD
Inpatient services, facility		30% AD[11]	30% AD[11]	40% AD[11]	$500 AD (days 1-5)	CIF AD
Inpatient services, professional		30%[11]	30%[11]	40% AD[11]	CIF	CIF AD
OTHER SERVICES						
Emergency room, facility (waived if admitted)		$400	$400	40% AD[11]	$300 AD	CIF AD
Emergency room, professional		CIF	CIF	CIF	CIF	CIF
Urgent care virtual visit/Urgent care center		$50/$50	$50/$50	$60 /$60	$45/$50	CIF AD/CIF AD[10]
Ambulance services		$250 per trip	$255 per trip	40% AD[11]	CIF	CIF AD
Durable medical equipment[5]		20%[11]	20%[11]	40% AD[11]	20%[11]	CIF AD
Home health services, up to 100 visits		$45	$45	40% AD[11]	CIF	CIF AD
Acupuncture[6]		$50	$50	$60	$15	CIF AD[10]
Pediatric vision, up to age 19[7]		Examination and eyewear at no cost, with a VSP provider; see additional benefit information				
Pediatric dental, up to age 19[8]		Diagnostic and preventive dental care at no cost; see additional benefit information				
PRESCRIPTION SERVICES[9]						
Tier 1 (Retail: 30-day supply)		$20	$20	$20	$10	CIF AD
Tier 2 (Retail: 30-day supply)		$65 AD	$65 AD	40% up to $500 AD[11]	$50 AD	CIF AD
Tier 3 (Retail: 30-day supply)		$95 AD	$95 AD		$75 AD	CIF AD
Tier 4 (Retail: 30-day supply)		20% up to $250 AD[11]	20% up to $250 AD[11]		20% up to $250 AD[11]	CIF AD

Individual: Effective 1.1.27 | CIF — Covered In Full | AD: After Deductible — Copayment applies once deductible is met | See applicable notes

AVAILABLE FROM WHA DIRECT AND COVERED CALIFORNIA UNLESS OTHERWISE INDICATED*

BENEFIT COMPARISON

HSA-COMPATIBLE HIGH-DEDUCTIBLE PLANS

		ADVANTAGE WHA GOLD 80 HDHP HMO	ADVANTAGE WHA SILVER 5750 HDHP HMO	ADVANTAGE WHA BRONZE 7800 HDHP HMO
		FROM WHA DIRECT ONLY*		
MEDICAL DEDUCTIBLE[1]	SELF-ONLY COVERAGE	$1,750	$5,750	$7,800
	INDIVIDUAL WITH FAMILY	$3,500	$5,750	$7,800
	FAMILY COVERAGE	$3,500	$11,500	$15,600
PRESCRIPTION DEDUCTIBLE[1]	SELF-ONLY COVERAGE	included in the medical deductible	included in the medical deductible	included in the medical deductible
	INDIVIDUAL WITH FAMILY			
	FAMILY COVERAGE			
ANNUAL OUT-OF-POCKET MAXIMUM[2]	SELF-ONLY COVERAGE	$6,000	$5,750	$7,800
	INDIVIDUAL WITH FAMILY	$6,000	$5,750	$7,800
	FAMILY COVERAGE	$12,000	$11,500	$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		20% AD[10]	CIF AD	CIF AD
Office or virtual visits, specialist		20% AD[10]	CIF AD	CIF AD
Outpatient surgery, facility		20% AD[10]	CIF AD	CIF AD
Outpatient surgery, professional		20% AD[10]	CIF AD	CIF AD
Laboratory tests		20% AD[10]	CIF AD	CIF AD
X-ray and diagnostic imaging		20% AD[10]	CIF AD	CIF AD
Imaging (CT/PET scans and MRIs)		20% AD[10]	CIF AD	CIF AD
HOSPITALIZATION SERVICES				
Hospital inpatient, facility		20% AD[10]	CIF AD	CIF AD
Hospital inpatient, professional		20% AD[10]	CIF AD	CIF AD
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders				
Office or virtual visits		20% AD[10]	CIF AD	CIF AD
Outpatient other services		20% AD[10]	CIF AD	CIF AD
Inpatient services, facility		20% AD[10]	CIF AD	CIF AD
Inpatient services, professional		20% AD[10]	CIF AD	CIF AD
OTHER SERVICES				
Emergency room, facility (waived if admitted)		20% AD[10]	CIF AD	CIF AD
Emergency room, professional		20% AD[10]	CIF AD	CIF AD
Urgent care virtual visit/Urgent care center		20% AD[10] /20% AD[10]	CIF/CIF AD	CIF/CIF AD
Ambulance services		20% AD[10]	CIF AD	CIF AD
Durable medical equipment[5]		20% AD[10]	CIF AD	CIF AD
Home health services, up to 100 visits		20% AD[10]	CIF AD	CIF AD
Acupuncture[6]		CIF AD	CIF AD	CIF AD
Pediatric vision, up to age 19[7]		Examination and eyewear at no cost, with a VSP provider; see additional benefit information		
Pediatric dental, up to age 19[8]		Diagnostic and preventive dental care at no cost; see additional benefit information		
PRESCRIPTION SERVICES[9]				
Tier 1 (Retail: 30-day supply)		$10 AD	CIF AD	CIF AD
Tier 2 (Retail: 30-day supply)		$40 AD	CIF AD	CIF AD
Tier 3 (Retail: 30-day supply)		$60 AD	CIF AD	CIF AD
Tier 4 (Retail: 30-day supply)		20% up to $250 AD[11]	CIF AD	CIF AD

BENEFIT COMPARISON

COST SHARING REDUCTION PLANS

		FOR THOSE WITH INCOME RANGE OF 100% – 150% FPL	FOR THOSE WITH INCOME RANGE OF 150% – 200% FPL	FOR THOSE WITH INCOME RANGE OF 200% – 250% FPL
		WHA SILVER 94 HMO	**WHA SILVER 87 HMO**	**WHA SILVER 73 HMO**
		FROM COVERED CA ONLY*		
MEDICAL DEDUCTIBLE[1]	SELF-ONLY COVERAGE	$200	$1,100	$4,700
	INDIVIDUAL WITH FAMILY	$200	$1,100	$4,700
	FAMILY COVERAGE	$400	$2,200	$9,400
PRESCRIPTION DEDUCTIBLE[1]	SELF-ONLY COVERAGE	none	$50	$50
	INDIVIDUAL WITH FAMILY	none	$50	$50
	FAMILY COVERAGE	none	$100	$100
ANNUAL OUT-OF-POCKET MAXIMUM[2]	SELF-ONLY COVERAGE	$3,000	$4,000	$9,600
	INDIVIDUAL WITH FAMILY	$3,000	$4,000	$9,600
	FAMILY COVERAGE	$6,000	$8,000	$19,200
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		$5	$15	$50
Office or virtual visits, specialist		$8	$30	$100
Outpatient surgery, facility		10%[11]	20%[11]	30%[11]
Outpatient surgery, professional		10%[11]	20%[11]	30%[11]
Laboratory tests		$10	$35	$50
X-ray and diagnostic imaging		$10	$50	$95
Imaging (CT/PET scans and MRIs)		$50	$100	$325
HOSPITALIZATION SERVICES				
Hospital inpatient, facility		10% AD[11]	20% AD[11]	30% AD[11]
Hospital inpatient, professional		10%[11]	20%[11]	30%[11]
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders				
Office or virtual visits		$5	$15	$50
Outpatient other services		10% up to $5	20% up to $15	30% up to $50
Inpatient services, facility		10% AD[11]	20% AD[11]	30% AD[11]
Inpatient services, professional		10%[11]	20%[11]	30%[11]
OTHER SERVICES				
Emergency room, facility (waived if admitted)		$50	$200	$400
Emergency room, professional		CIF	CIF	CIF
Urgent care virtual visit/Urgent care center		$5/$5	$15/$15	$50/$50
Ambulance services		$30 per trip	$75 per trip	$250 per trip
Durable medical equipment[5]		10%[11]	15%[11]	20%[11]
Home health services, up to 100 visits		$3	$15	$40
Acupuncture[6]		$5	$15	$50
Pediatric vision, up to age 19[7]		Examination and eyewear at no cost, with a VSP provider; see additional benefit information		
Pediatric dental, up to age 19[8]		Diagnostic and preventive dental care at no cost; see additional benefit information		
PRESCRIPTION SERVICES[9]				
Tier 1 (Retail: 30-day supply)		$3	$10	$20
Tier 2 (Retail: 30-day supply)		$10	$30 AD Rx	$55 AD Rx
Tier 3 (Retail: 30-day supply)		$15	$50 AD Rx	$95 AD Rx
Tier 4 (Retail: 30-day supply)		10% up to $150[11]	15% up to $150 AD Rx[11]	20% up to $250 AD Rx[11]

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 services provided through Landmark Healthplan of California.
7. Pediatric eye exam and eyewear provided through Vision Service Plan (VSP).
8. Provided through Delta Dental of California, including: Diagnostic and preventive dental care at no cost, basic dental care services, major dental care services, orthodontics when determined medically necessary.
9. Certain drugs may be categorized outside their respective tier. To confirm the 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. Deductible is waived for first three cumulative non-preventive care visits or services in a calendar year.
11. Percentage copayment amounts are based on WHA's contracted rate.
12. The deductible and annual out-of-pocket maximum amounts are embedded, i.e. each member in the family must meet the Individual amount or the family must meet the Family amount before benefits will apply for that member.

add an optional rider: Adult Dental

Available to adults on plans purchased direct from WHA.

DeltaCare® USA provides quality benefits at an affordable cost in an easy-to-use plan. DeltaCare's program encourages you to visit the dentist regularly to keep a healthy smile.

- Visit **deltadentalins.com** to find a primary care dentist in DeltaCare's quality dental HMO network.
- Review WHA's **Enrollment Application and Membership Agreement** for cost details and check "I elect to add the DeltaCare® USA to my plan.

access services available through your health plan

- **Acupuncture:** treatment of pain related to acute neuromusculoskeletal conditions, subject to medical necessity; no PCP referral required for covered services
- **Behavioral Health:** full spectrum of managed mental health and substance use disorder services; no PCP referral required for covered services
- **Diabetes Prevention or Weight Loss:** personalized coaching and online tools to improve nutrition for those at risk of developing type 2 diabetes; or a customized weight loss plan, coaching, online group sessions, and a dashboard to track progress
- **Diabetes Reversal:** telehealth program that reverses type 2 diabetes by helping lower blood sugar and A1C, reduce/eliminate diabetes medications and lose weight
- **Condition Management:** support for eligible members living with asthma, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease, or diabetes
- **Global Emergency Services:** 24/7 emergency assistance if traveling more than 100 miles from home
- **Hypertension Management:** online tools and coaching to help manage high blood pressure (HBP)
- **Nurse Advice:** registered nurse anytime/seven days a week for any health issue/concern through secure phone line
- **Nutritional Counseling:** visits with a WHA network nutritionist for members meeting specified medical criteria, when referred
- **Online Wellness:** health management tool connects you with programs and resources
- **Pharmacy Benefits:** 24/7 access to pharmacists, online and mobile app prescription management, and pharmacy locator guide
- **Pregnancy Support:** access to no-cost virtual services for support during pregnancy and postpartum
- **Smoking Cessation:** coaching program designed to give members the confidence to quit tobacco use for good

count on us to take care of you & your family members

At Western Health Advantage, better health care starts with understanding the people we serve. With local roots, trusted doctors and a plan guided by physicians, we put people at the center of every decision. Because when your health plan understands what matters to you, you can feel the difference.

Western Health Advantage is here to provide you exceptional, personal service.

Choose WHA.

visit **choosewha.com**

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EFFECTIVE JANUARY 2027, UPDATED 10-2026