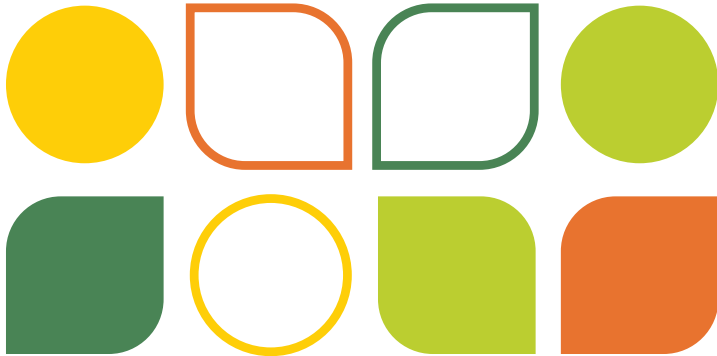




a healthy balance



PLAN COMPARISON

2025 • for 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
800.445.5747
hillphysicians.com



Mercy Medical Group
916.733.3333
mymercymedicalgroup.org



Woodland Clinic
530.668.2600
dhmf.org/woodland



Meritage Medical Network
415.884.1840
meritagemed.com



NorthBay Health
707.646.5500
northbay.org



Providence Medical Network
888.432.5464
providence.org

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. **Providence Queen of the Valley Medical Center**
Napa, CA 94558

Solano County Facilities

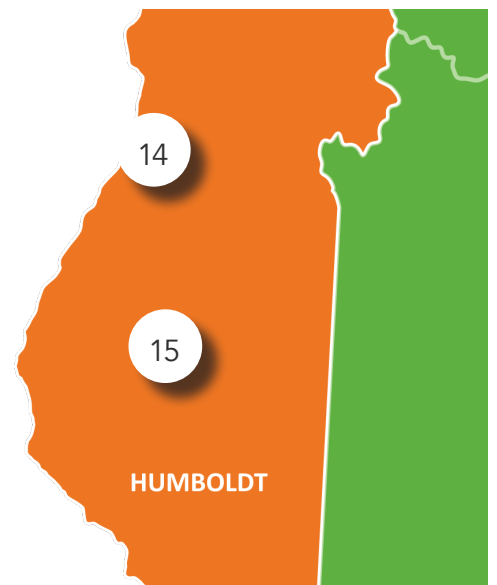
7. **NorthBay Medical Center**
Fairfield, CA 94533
8. **NorthBay VacaValley Hospital**
Vacaville, CA 95687

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

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

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.

Note: Plans are pending DMHC approval.

DIRECT FROM WHA

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

		TRADITIONAL PLANS				
		CAPITAL 20 Platinum 90 HMO	GATEWAY 20 Platinum 90 HMO	GATEWAY 30 Platinum 90 HMO	GATEWAY 70 Platinum 90 HMO	GATEWAY 40 Gold 80 HMO
MEDICAL DEDUCTIBLE¹	SELF-ONLY COVERAGE					
	INDIVIDUAL WITH FAMILY	none	none	none	none	none
	FAMILY COVERAGE					
PRESCRIPTION DEDUCTIBLE¹	SELF-ONLY COVERAGE					
	INDIVIDUAL WITH FAMILY	none	none	none	none	none
	FAMILY COVERAGE					
ANNUAL OUT-OF-POCKET MAXIMUM²	SELF-ONLY COVERAGE	\$4,500	\$5,500	\$4,000	\$4,000	\$7,500
	INDIVIDUAL WITH FAMILY	\$4,500	\$5,500	\$4,000	\$4,000	\$7,500
	FAMILY COVERAGE	\$9,000	\$11,000	\$8,000	\$8,000	\$15,000
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 or virtual visits, primary care		\$20	\$20	\$30	\$20	\$40
Office or virtual visits, specialist		\$30	\$20	\$30	\$20	\$40
Adult and pediatric vision examination		CIF	CIF	CIF	CIF	CIF
Outpatient surgery, facility		\$100	\$150	\$150	\$150	\$300
Outpatient surgery, professional		\$25	CIF	CIF	CIF	CIF
Laboratory tests		\$20	CIF	CIF	CIF	\$40
X-ray and diagnostic imaging		\$30	CIF	CIF	CIF	\$40
Imaging (CT/PET scans and MRIs)		\$100	\$150	\$150	\$150	\$300
HOSPITALIZATION SERVICES						
Hospital inpatient, facility		\$250 (days 1-5)	CIF	\$300 (days 1-3)	30% ¹⁰	\$600 per day
Hospital inpatient, professional		CIF	CIF	CIF	CIF	CIF
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders						
Office or virtual visits		\$20	\$20	\$30	\$20	\$40
Outpatient other services		CIF	CIF	CIF	CIF	CIF
Inpatient services, facility		\$250 (days 1-5)	CIF	\$300 (days 1-3)	30% ¹⁰	\$600 per day
OTHER SERVICES						
Emergency room, facility (waived if admitted)		\$150	\$150	\$150	\$150	\$300
Emergency room, professional		CIF	CIF	CIF	CIF	CIF
Urgent care virtual visit/Urgent care center		\$20/\$20	\$25/\$50	\$35/\$50	\$25/\$50	\$45/\$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		\$15	\$15	\$15	\$15	\$15
Chiropractic, up to 20 visits ⁶		\$15	\$15	\$15	\$15	\$15
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 SERVICES⁹						
TIER 1: Retail Pharmacy/Home Delivery		\$5/\$10	\$5/\$10	\$5/\$10	\$5/\$10	\$20/\$40
TIER 2: Retail Pharmacy/Home Delivery		\$20/\$40	\$30/\$60	\$30/\$60	\$30/\$60	\$50/\$100
TIER 3: Retail Pharmacy/Home Delivery		\$30/\$60	\$50/\$100	\$50/\$100	\$50/\$100	\$75/\$150
TIER 4: 30-day supply		10% up to \$250 ¹⁰	20% up to \$250 ¹⁰			

DIRECT FROM WHA

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

DEDUCTIBLE PLANS

		CAPITAL 250 Gold 80 HMO	GATEWAY 4010 Gold 80 HMO	GATEWAY 4020 Gold 80 HMO	CAPITAL 2500 Silver 70 HMO	GATEWAY 5020 Silver 70 HMO	CAPITAL 5800 Bronze 60 HMO
MEDICAL DEDUCTIBLE¹	SELF-ONLY COVERAGE	\$250	\$1,000	\$1,750	\$2,500	\$2,000	\$5,800
	INDIVIDUAL WITH FAMILY	\$250	\$1,000	\$1,750	\$2,500	\$2,000	\$5,800
	FAMILY COVERAGE	\$500	\$2,000	\$3,500	\$5,000	\$4,000	\$11,600
PRESCRIPTION DEDUCTIBLE¹	SELF-ONLY COVERAGE		\$500	\$250	\$300	\$500	\$450
	INDIVIDUAL WITH FAMILY	none	\$500	\$250	\$300	\$500	\$450
	FAMILY COVERAGE		\$1,000	\$500	\$600	\$1,000	\$900
ANNUAL OUT-OF-POCKET MAXIMUM²	SELF-ONLY COVERAGE	\$7,800	\$7,800	\$7,800	\$8,750	\$8,750	\$8,850
	INDIVIDUAL WITH FAMILY	\$7,800	\$7,800	\$7,800	\$8,750	\$8,750	\$8,850
	FAMILY COVERAGE	\$15,600	\$15,600	\$15,600	\$17,500	\$17,500	\$17,700
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 or virtual visits, primary care		\$35	\$40	\$40	\$55	\$50	\$60
Office or virtual visits, specialist		\$55	\$40	\$40	\$90	\$50	\$95 AD ¹¹
Adult and pediatric vision examination		CIF	CIF	CIF	CIF	CIF	CIF
Outpatient surgery, facility		\$300 AD	\$500 AD	\$500 AD	35% AD ¹⁰	\$500 AD	40% AD ¹⁰
Outpatient surgery, professional		\$35	CIF	CIF	35% ¹⁰	CIF AD	40% AD ¹⁰
Laboratory tests		\$35	CIF	CIF	\$55	\$50	\$40
X-ray and diagnostic imaging		\$55	\$40	CIF	\$90	\$80	40% AD ¹⁰
Imaging (CT/PET scans and MRIs)		\$250 AD	\$300	\$300	\$300 AD	\$500 AD	40% AD ¹⁰
HOSPITALIZATION SERVICES							
Hospital inpatient, facility		\$600 AD (days 1-5)	\$500 AD (days 1-5)	\$500 AD (days 1-5)	35% AD ¹⁰	30% AD ¹⁰	40% AD ¹⁰
Hospital inpatient, professional		CIF	CIF	CIF	35% ¹⁰	CIF	40% AD ¹⁰
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders							
Office or virtual visits		\$35	\$40	\$40	\$55	\$50	\$60
Outpatient other services		CIF	CIF	CIF	CIF	CIF	CIF
Inpatient services, facility		\$600 AD (days 1-5)	\$500 AD (days 1-5)	\$500 AD (days 1-5)	35% AD ¹⁰	30% AD ¹⁰	40% AD ¹⁰
OTHER SERVICES							
Emergency room, facility (waived if admitted)		\$250 AD	\$300 AD	\$300 AD	35% AD ¹⁰	30% AD ¹⁰	40% AD ¹⁰
Emergency room, professional		CIF	CIF	CIF	CIF	CIF	CIF
Urgent care virtual visit/Urgent care center		\$35/\$35	\$45/\$50	\$45/\$50	\$49/\$55	\$49/\$50	\$49 AD/\$60 AD ¹¹
Ambulance services		\$250 AD	CIF	CIF	35% AD ¹⁰	CIF	40% AD ¹⁰
Durable medical equipment ⁵		20% ¹⁰	20% ¹⁰	20% ¹⁰	35% ¹⁰	20% ¹⁰	40% AD ¹⁰
Home health services, up to 100 visits		\$30	CIF	CIF	\$45	CIF	40% AD ¹⁰
Acupuncture ⁶		\$15	\$15	\$15	\$15	\$15	\$15 AD ¹¹
Chiropractic, up to 20 visits ⁶		\$15	\$15	\$15	\$15	\$15	\$15
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 SERVICES⁹							
TIER 1: Retail Pharmacy/Home Delivery		\$15/\$30	\$10/\$20	\$10/\$20	\$19/\$38	\$25/\$50	\$19/\$38
TIER 2: Retail Pharmacy/Home Delivery		\$40/\$80	\$50 AD/\$100 AD	\$50 AD/\$100 AD	\$85 AD/\$170 AD	30% up to \$250 AD/ 30% up to \$500 AD ¹⁰	40% up to \$500 AD/ 40% up to \$1,000 AD ¹⁰
TIER 3: Retail Pharmacy/Home Delivery		\$70/\$140	\$75 AD/\$150 AD	\$75 AD/\$150 AD	\$110 AD/\$220 AD		
TIER 4: 30-day supply		20% up to \$250 AD ¹⁰			30% up to \$250 AD ¹⁰	30% up to \$250 AD ¹⁰	40% up to \$500 AD ¹⁰

DIRECT FROM WHA

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

		HSA-COMPATIBLE HIGH-DEDUCTIBLE PLANS			
		GATEWAY 2600 Gold 80 HDHP HMO	GATEWAY 1650 Gold 80 HDHP HMO	CAPITAL 2850 Silver 70 HDHP HMO	GATEWAY 6650 Bronze 60 HDHP HMO
MEDICAL DEDUCTIBLE ¹	SELF-ONLY COVERAGE	\$2,600	\$1,650	\$2,850	\$6,650
	INDIVIDUAL WITH FAMILY	\$3,300	\$3,300	\$3,300	\$6,650
	FAMILY COVERAGE	\$5,200	\$3,300	\$5,700	\$13,300
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	\$4,800	\$4,800	\$7,500	\$6,650
	INDIVIDUAL WITH FAMILY	\$4,800	\$4,800	\$7,500	\$6,650
	FAMILY COVERAGE	\$9,600	\$9,600	\$15,000	\$13,300
PREVENTIVE CARE SERVICES ^{3, 4}					

Preventive Care is CIF — includes: annual physical examinations; immunizations, adult and pediatric; women's preventive services; maternity care, routine prenatal and lab tests and first post-natal visit; well baby care; and breast, cervical, prostate and colorectal cancer screenings

PROFESSIONAL/OUTPATIENT SERVICES ³					
Office or virtual visits, primary care	CIF AD	15% AD ¹⁰	25% AD ¹⁰	CIF AD	
Office or virtual visits, specialist	CIF AD	15% AD ¹⁰	25% AD ¹⁰	CIF AD	
Adult and pediatric vision examination	CIF	CIF	CIF	CIF	
Outpatient surgery, facility	CIF AD	15% AD ¹⁰	25% AD ¹⁰	CIF AD	
Outpatient surgery, professional	CIF AD	15% AD ¹⁰	25% AD ¹⁰	CIF AD	
Laboratory tests	CIF AD	15% AD ¹⁰	25% AD ¹⁰	CIF AD	
X-ray and diagnostic imaging	CIF AD	15% AD ¹⁰	25% AD ¹⁰	CIF AD	
Imaging (CT/PET scans and MRIs)	CIF AD	15% AD ¹⁰	25% AD ¹⁰	CIF AD	
HOSPITALIZATION SERVICES					
Hospital inpatient, facility	CIF AD	15% AD ¹⁰	25% AD ¹⁰	CIF AD	
Hospital inpatient, professional	CIF AD	15% AD ¹⁰	25% AD ¹⁰	CIF AD	
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders					
Office or virtual visits	CIF AD	15% AD ¹⁰	25% AD ¹⁰	CIF AD	
Outpatient other services	CIF AD	CIF AD	CIF AD	CIF AD	
Inpatient services, facility	CIF AD	15% AD ¹⁰	25% AD ¹⁰	CIF AD	
OTHER SERVICES					
Emergency room, facility (waived if admitted)	CIF AD	15% AD ¹⁰	25% AD ¹⁰	CIF AD	
Emergency room, professional	CIF AD	15% AD ¹⁰	CIF AD	CIF AD	
Urgent care virtual visit/Urgent care center	CIF AD/CIF AD	15% AD ¹⁰ /15% AD ¹⁰	25% AD/25% AD ¹⁰	CIF AD/CIF AD	
Ambulance services	CIF AD	15% AD ¹⁰	25% AD ¹⁰	CIF AD	
Durable medical equipment ⁵	CIF AD	15% AD ¹⁰	25% AD ¹⁰	CIF AD	
Home health services, up to 100 visits	CIF AD	15% AD ¹⁰	25% AD ¹⁰	CIF AD	
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 ⁹					
TIER 1: Retail Pharmacy/Home Delivery	CIF AD/CIF AD	\$10 AD/\$20 AD	25% up to \$250 AD/ 25% up to \$500 AD ¹⁰	CIF AD/CIF AD	
TIER 2: Retail Pharmacy/Home Delivery	\$40 AD/\$80 AD	\$40 AD/\$80 AD			
TIER 3: Retail Pharmacy/Home Delivery	\$60 AD/\$120 AD	\$60 AD/\$120 AD			
TIER 4: 30-day supply	20% up to \$250 AD ¹⁰	20% up to \$250 AD ¹⁰			

AVAILABLE IN CALCHOICE

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

		TRADITIONAL PLANS			
		SIERRA 20 Platinum 90 HMO	CAPITAL 20 Platinum 90 HMO	SIERRA 25 Platinum 90 HMO	SIERRA 40 Gold 80 HMO
MEDICAL DEDUCTIBLE¹	SELF-ONLY COVERAGE				
	INDIVIDUAL WITH FAMILY	none	none	none	none
	FAMILY COVERAGE				
PRESCRIPTION DEDUCTIBLE¹	SELF-ONLY COVERAGE				
	INDIVIDUAL WITH FAMILY	none	none	none	none
	FAMILY COVERAGE				
ANNUAL OUT-OF-POCKET MAXIMUM²	SELF-ONLY COVERAGE	\$5,500	\$4,500	\$4,000	\$7,500
	INDIVIDUAL WITH FAMILY	\$5,500	\$4,500	\$4,000	\$7,500
	FAMILY COVERAGE	\$11,000	\$9,000	\$8,000	\$15,000
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 or virtual visits, primary care		\$20	\$20	\$25	\$40
Office or virtual visits, specialist		\$20	\$30	\$25	\$40
Adult and pediatric vision examination		CIF	CIF	CIF	CIF
Outpatient surgery, facility		\$150	\$100	\$100	\$300
Outpatient surgery, professional		CIF	\$25	CIF	CIF
Laboratory tests		CIF	\$20	CIF	\$40
X-ray and diagnostic imaging		CIF	\$30	CIF	\$40
Imaging (CT/PET scans and MRIs)		\$150	\$100	\$100	\$300
HOSPITALIZATION SERVICES					
Hospital inpatient, facility		CIF	\$250 (days 1-5)	\$250 (days 1-5)	\$600 per day
Hospital inpatient, professional		CIF	CIF	CIF	CIF
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders					
Office or virtual visits		\$20	\$20	\$25	\$40
Outpatient other services		CIF	CIF	CIF	CIF
Inpatient services, facility		CIF	\$250 (days 1-5)	\$250 (days 1-5)	\$600 per day
OTHER SERVICES					
Emergency room, facility (waived if admitted)		\$150	\$150	\$150	\$300
Emergency room, professional		CIF	CIF	CIF	CIF
Urgent care virtual visit/Urgent care center		\$25/\$50	\$20/\$20	\$30/\$50	\$45/\$100
Ambulance services		CIF	\$150	CIF	CIF
Durable medical equipment ⁵		20% ¹⁰	10% ¹⁰	20% ¹⁰	20% ¹⁰
Home health services, up to 100 visits		CIF	\$20	CIF	CIF
Acupuncture ⁶		\$15/\$60	\$15	\$15	\$15
Chiropractic, up to 20 visits ⁶		\$15	\$15	\$15	\$15
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 SERVICES⁹					
TIER 1: Retail Pharmacy/Home Delivery		\$5/\$10	\$5/\$10	\$10/\$20	\$20/\$40
TIER 2: Retail Pharmacy/Home Delivery		\$30/\$60	\$20/\$40	\$30/\$60	\$50/\$100
TIER 3: Retail Pharmacy/Home Delivery		\$50/\$100	\$30/\$60	\$50/\$100	\$75/\$150
TIER 4: 30-day supply		20% up to \$250 ¹⁰	10% 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 250 Gold 80 HMO	SIERRA 4010 Gold 80 HMO	CAPITAL 2500 Silver 70 HMO	SIERRA 50 Silver 70 HMO	CAPITAL 5800 Bronze 60 HMO
MEDICAL DEDUCTIBLE¹	SELF-ONLY COVERAGE	\$250	\$1,000	\$2,500	\$2,300	\$5,800
	INDIVIDUAL WITH FAMILY	\$250	\$1,000	\$2,500	\$2,300	\$8,800
	FAMILY COVERAGE	\$500	\$2,000	\$5,000	\$4,600	\$11,600
PRESCRIPTION DEDUCTIBLE¹	SELF-ONLY COVERAGE		\$500	\$300	\$500	\$450
	INDIVIDUAL WITH FAMILY	none	\$500	\$300	\$500	\$450
	FAMILY COVERAGE		\$1,000	\$600	\$1,000	\$900
ANNUAL OUT-OF-POCKET MAXIMUM²	SELF-ONLY COVERAGE	\$7,800	\$7,800	\$8,750	\$8,750	\$8,850
	INDIVIDUAL WITH FAMILY	\$7,800	\$7,800	\$8,750	\$8,750	\$8,850
	FAMILY COVERAGE	\$15,600	\$15,600	\$17,500	\$17,500	\$17,700
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 or virtual visits, primary care	\$35	\$40	\$55	\$50	\$60	
Office or virtual visits, specialist	\$55	\$40	\$90	\$50	\$95 AD ¹¹	
Adult and pediatric vision examination	CIF	CIF	CIF	CIF	CIF	
Outpatient surgery, facility	\$300 AD	\$500 AD	35% AD ¹⁰	\$350 AD	40% AD ¹⁰	
Outpatient surgery, professional	\$35	CIF	35% ¹⁰	30% AD ¹⁰	40% AD ¹⁰	
Laboratory tests	\$35	CIF	\$55	\$50	\$40	
X-ray and diagnostic imaging	\$55	\$40	\$90	\$75	40% AD ¹⁰	
Imaging (CT/PET scans and MRIs)	\$250 AD	\$300	\$300 AD	\$350	40% AD ¹⁰	
HOSPITALIZATION SERVICES						
Hospital inpatient, facility	\$600 AD (days 1-5)	\$500 AD (days 1-5)	35% AD ¹⁰	30% AD ¹⁰	40% AD ¹⁰	
Hospital inpatient, professional	CIF	CIF	35% ¹⁰	CIF	40% AD ¹⁰	
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders						
Office or virtual visits	\$35	\$40	\$55	\$50	\$60	
Outpatient other services	CIF	CIF	CIF	CIF	CIF	
Inpatient services, facility	\$600 AD (days 1-5)	\$500 AD (days 1-5)	35% AD ¹⁰	30% AD ¹⁰	40% AD ¹⁰	
OTHER SERVICES						
Emergency room, facility (waived if admitted)	\$250 AD	\$300 AD	35% AD ¹⁰	30% AD ¹⁰	40% AD ¹⁰	
Emergency room, professional	CIF	CIF	CIF	CIF	CIF	
Urgent care virtual visit/Urgent care center	\$35/\$35	\$45/\$50	\$49/\$55	\$49 AD/\$100 AD	\$49 AD/\$60 AD ¹¹	
Ambulance services	\$250 AD	CIF	35% AD ¹⁰	CIF	40% AD ¹⁰	
Durable medical equipment ⁵	20% ¹⁰	20% ¹⁰	35% ¹⁰	20% ¹⁰	40% AD ¹⁰	
Home health services, up to 100 visits	\$30	CIF	\$45	CIF	40% AD ¹⁰	
Acupuncture ⁶	\$15	\$15	\$15	\$15	\$15 AD ¹¹	
Chiropractic, up to 20 visits ⁶	\$15	\$15	\$15	\$15	\$15	
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 SERVICES⁹						
TIER 1: Retail Pharmacy/Home Delivery	\$15/\$30	\$10/\$20	\$19/\$38	\$20/\$40	\$19/\$38	
TIER 2: Retail Pharmacy/Home Delivery	\$40/\$80	\$50 AD/\$100 AD	\$85 AD/\$170 AD	30% up to \$250 AD/ 30% up to \$500 AD ¹⁰	40% up to \$500 AD/ 40% up to \$1,000 AD ¹⁰	
TIER 3: Retail Pharmacy/Home Delivery	\$70/\$140	\$75 AD/\$150 AD	\$110 AD/\$220 AD			
TIER 4: 30-day supply	20% up to \$250 ¹⁰		30% up to \$250 AD ¹⁰	30% up to \$250 AD ¹⁰	40% up to \$250 AD ¹⁰	

AVAILABLE IN CALCHOICE

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

HSA-COMPATIBLE HIGH-Deductible PLANS

		SIERRA 2600 Gold 80 HDHP HMO	CAPITAL 2850 Silver 70 HDHP HMO	SIERRA 6650 Bronze 60 HDHP HMO
MEDICAL DEDUCTIBLE¹	SELF-ONLY COVERAGE	\$2,600	\$2,850	\$6,650
	INDIVIDUAL WITH FAMILY	\$3,300	\$3,300	\$6,650
	FAMILY COVERAGE	\$5,200	\$5,700	\$13,300
PRESCRIPTION DEDUCTIBLE¹	SELF-ONLY COVERAGE	included in the medical deductible		
	INDIVIDUAL WITH FAMILY	included in the medical deductible		
	FAMILY COVERAGE	included in the medical deductible		
ANNUAL OUT-OF-POCKET MAXIMUM²	SELF-ONLY COVERAGE	\$4,800	\$7,500	\$6,650
	INDIVIDUAL WITH FAMILY	\$4,800	\$7,500	\$6,650
	FAMILY COVERAGE	\$9,600	\$15,000	\$13,300
PREVENTIVE CARE SERVICES^{3, 4}				

Preventive Care is Covered in Full (CIF) — includes: annual physical examinations; immunizations, adult and pediatric; women's preventive services; maternity care, routine prenatal and lab tests and first post-natal visit; well baby care; and breast, cervical, prostate and colorectal cancer screenings

PROFESSIONAL/OUTPATIENT SERVICES³				
Office or virtual visits, primary care	CIF AD	25% AD ¹⁰	CIF AD	CIF AD
Office or virtual visits, specialist	CIF AD	25% AD ¹⁰	CIF AD	CIF AD
Adult and pediatric vision examination	CIF	CIF	CIF	CIF
Outpatient surgery, facility	CIF AD	25% AD ¹⁰	CIF AD	CIF AD
Outpatient surgery, professional	CIF AD	25% AD ¹⁰	CIF AD	CIF AD
Laboratory tests	CIF AD	25% AD ¹⁰	CIF AD	CIF AD
X-ray and diagnostic imaging	CIF AD	25% AD ¹⁰	CIF AD	CIF AD
Imaging (CT/PET scans and MRIs)	CIF AD	25% AD ¹⁰	CIF AD	CIF AD
HOSPITALIZATION SERVICES				
Hospital inpatient, facility	CIF AD	25% AD ¹⁰	CIF AD	CIF AD
Hospital inpatient, professional	CIF AD	25% AD ¹⁰	CIF AD	CIF AD
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders				
Office or virtual visits	CIF AD	25% AD ¹⁰	CIF AD	CIF AD
Outpatient other services	CIF AD	CIF AD	CIF AD	CIF AD
Inpatient services, facility	CIF AD	25% AD ¹⁰	CIF AD	CIF AD
OTHER SERVICES				
Emergency room, facility (waived if admitted)	CIF AD	25% AD ¹⁰	CIF AD	CIF AD
Emergency room, professional	CIF AD	CIF AD	CIF AD	CIF AD
Urgent care virtual visit/Urgent care center	CIF AD/CIF AD	25% AD/25% AD ¹⁰	CIF AD/CIF AD	CIF AD/CIF AD
Ambulance services	CIF AD	25% AD ¹⁰	CIF AD	CIF AD
Durable medical equipment ⁵	CIF AD	25% AD ¹⁰	CIF AD	CIF AD
Home health services, up to 100 visits	CIF AD	25% AD ¹⁰	CIF AD	CIF AD
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 SERVICES⁹				
TIER 1: Retail Pharmacy/Home Delivery	CIF AD/CIF AD	25% up to \$250 AD/ 25% up to \$500 AD ¹⁰	CIF AD/CIF AD	
TIER 2: Retail Pharmacy/Home Delivery	\$40 AD/\$80 AD			
TIER 3: Retail Pharmacy/Home Delivery	\$60 AD/\$120 AD			
TIER 4: 30-day supply	20% up to \$250 AD ¹⁰	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 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 EyeMed 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 \$250 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 visits combined for non-preventive specialty care, urgent care, and acupuncture.
- 12 Infertility benefits are available on all plans to groups with 20 or more eligible employees.
- 13 DeltaCare USA and Delta Dental PPO plans are underwritten and administered by Delta Dental of California. Available to all groups.

BUILT-IN HEALTH AND WELLNESS SUPPORT

Here are just a few of the value-added benefits you get when renewing your health coverage with WHA.

- **Maven** offers members and their partners pregnancy and postpartum support with access to coaching and virtual appointments with providers across 30 specialties, including OB-GYNs, mental health specialists, and lactation consultants. Maven's coaches are available 24/7 to answer pregnancy and postpartum care questions, along with offering resources such as virtual classes, educational articles, and community forums.
- **Real Appeal: Weight Loss** includes a customized weight loss plan, personalized coaching with online group sessions, a digital library of health-related content, and an online dashboard to track their progress.
- **Quit for Life** helps members with tobacco cessation and is designed to give members the confidence to quit for good, with the support of Nicotine Replacement Therapy (NRT), access to coaches and tools to develop a path to enjoying life without tobacco. Quit for Life gives you a personalized Quit Plan, 1:1 access to coaches via phone, chat, or text, as well as group video sessions, all at no added cost.

OPTIONAL RIDER BENEFITS & RATES

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 SERVICES ¹²	
Infertility services	50% benefit, subject to limitations
Available to groups with 20+ employees	\$12.50 per member per month

ADULT DENTAL PLANS ¹³	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
Adult Enrollee Only per member per month	\$15.32	\$65.27

This is an overview of benefits; contact WHA Sales for dental copayment summaries.

*Adult dental copays may apply to certain diagnostic services.



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



916.563.3198

toll-free **888.499.3198**

TDD/TTY **888.877.5378**

2349 Gateway Oaks Drive, Suite 100
Sacramento, California 95833