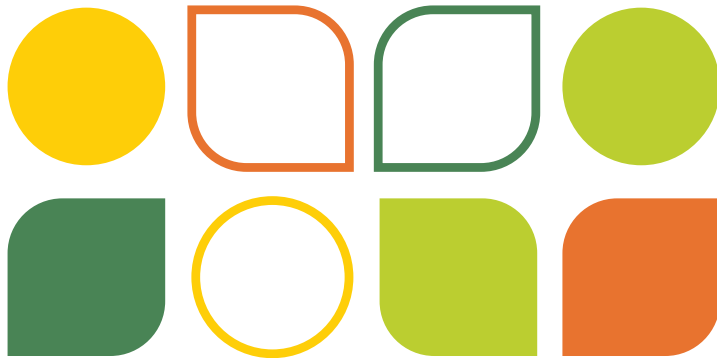




a healthy balance



## PLAN COMPARISON

2025 • for Large Group  
(100+ EMPLOYEES)



## we're good for business

**collaborative and innovative:** Founded in 1996 by Dignity Health and NorthBay Health, we partner with doctors and specialists to ensure access to quality care. That close relationship enables us to continually improve and offer innovative programs that support the health and wellness of all members.

**regional autonomy:** Our decision-making process is focused on our member's care, and so we don't get in the way of the patient-doctor relationship. And, when you need fast answers, we are here to provide solutions that best support your health care goals.

**flexible choices with increased access:** Our HMO network includes major hospitals and medical centers, including thousands of trusted local doctors and specialists from multiple medical groups (not just one). The exceptional reputation of our clinical providers simply enables more choices for our members and your employees. The physicians from these medical groups bring access to 15 hospitals and over a dozen urgent care facilities throughout our nine-county service area.



## WHA offers several types of comprehensive health plans:

Employers can choose to offer multiple health plans, allowing to customize their benefits package.

- **Traditional** — offers fixed copay/costs with monthly premium to balance value and coverage with no deductible
- **Deductible** — co-payment for office visits and a deductible for some services, but with a lower monthly premium
- **HSA-compatible High-Deductible (HDHP)** — when bundled with a health savings account, HDHPs allow members to build funds to pay for out-of-pocket expenses

**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](mailto:whasales@westernhealth.com).

# BENEFIT COMPARISON

## PREMIER PLANS

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

## PREMIER TRADITIONAL PLANS

		0/10/0 HMO PRIME	0/15/0 HMO PRIME	0/20/0 HMO PRIME	0/40/0 HMO PRIME
<b>MEDICAL DEDUCTIBLE<sup>1</sup></b>	SELF-ONLY COVERAGE				
	INDIVIDUAL WITH FAMILY	none			
	FAMILY COVERAGE				
<b>PRESCRIPTION DEDUCTIBLE<sup>1</sup></b>	SELF-ONLY COVERAGE				
	INDIVIDUAL WITH FAMILY	based on pharmacy plan selected			
	FAMILY COVERAGE				
<b>ANNUAL OUT-OF-POCKET MAXIMUM<sup>2</sup></b>	SELF-ONLY COVERAGE	\$1,500	\$1,500	\$1,500	\$1,500
	INDIVIDUAL WITH FAMILY	\$1,500	\$1,500	\$1,500	\$1,500
	FAMILY COVERAGE	\$3,000	\$3,000	\$3,000	\$3,000
<b>PREVENTIVE CARE SERVICES<sup>3, 4</sup></b>					
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					
<b>PROFESSIONAL/OUTPATIENT SERVICES<sup>3</sup></b>					
	Office or virtual visits	\$10	\$15	\$20	\$40
	Annual eye and hearing exams <sup>7</sup>	\$10	\$15	\$20	\$40
	Outpatient surgery (performed in office setting)	\$10	\$15	\$20	\$40
	Outpatient surgery (facility)	\$100	\$100	\$100	\$100
	Laboratory test, x-rays and diagnostic imaging	CIF	CIF	CIF	CIF
	Imaging (CT/PET scans and MRIs)	CIF	CIF	CIF	CIF
<b>HOSPITALIZATION SERVICES</b>					
	Hospital inpatient, facility	CIF	CIF	CIF	CIF
	Hospital inpatient, professional	CIF	CIF	CIF	CIF
<b>BEHAVIORAL HEALTH SERVICES Mental Health &amp; Substance Use Disorders</b>					
	Office or virtual visits	\$10	\$15	\$20	\$40
	Outpatient other services	CIF	CIF	CIF	CIF
	Inpatient services	CIF	CIF	CIF	CIF
<b>OTHER SERVICES</b>					
	Emergency room (waived if admitted)	\$100	\$100	\$100	\$100
	Urgent care virtual visit/Urgent care center	\$15/\$20	\$20	\$25/\$35	\$45/\$50
	Ambulance services	CIF	CIF	CIF	CIF
	Durable medical equipment <sup>8</sup>	20% <sup>6</sup>	20% <sup>6</sup>	20% <sup>6</sup>	20% <sup>6</sup>
	Pregnancy support/Pre-implantation genetic testing <sup>9</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>
	Infertility <sup>9</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>
	Acupuncture care, up to 20 visits <sup>10</sup>	\$15	\$15	\$15	\$15
	Chiropractic care, up to 20 visits <sup>10</sup>	\$15	\$15	\$15	\$15
<b>PRESCRIPTION DRUG PLAN</b>					
	Retail Pharmacy (30-day supply) TIER 1				
	Retail Pharmacy (30-day supply) TIER 2	see prescription drug plans (employer selects plan)			
	Retail Pharmacy (30-day supply) TIER 3				
	Retail Pharmacy (30-day supply) TIER 4				

# BENEFIT COMPARISON

## ADVANTAGE PLANS

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

## ADVANTAGE TRADITIONAL PLANS

		0/20/250A HMO PRIME	0/15/250 HMO PRIME	0/25/500A HMO PRIME	0/20/500 HMO PRIME	0/20/30% HMO PRIME	0/40/30% HMO PRIME
<b>MEDICAL DEDUCTIBLE<sup>1</sup></b>	SELF-ONLY COVERAGE	none					
	INDIVIDUAL WITH FAMILY						
	FAMILY COVERAGE						
<b>PRESCRIPTION DEDUCTIBLE<sup>1</sup></b>	SELF-ONLY COVERAGE	based on pharmacy plan selected					
	INDIVIDUAL WITH FAMILY						
	FAMILY COVERAGE						
<b>ANNUAL OUT-OF-POCKET MAXIMUM<sup>2</sup></b>	SELF-ONLY COVERAGE	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500
	INDIVIDUAL WITH FAMILY	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500
	FAMILY COVERAGE	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
<b>PREVENTIVE CARE SERVICES<sup>3, 4</sup></b>							
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							
<b>PROFESSIONAL/OUTPATIENT SERVICES<sup>3</sup></b>							
	Office or virtual visits	\$20	\$15/30 <sup>5</sup>	\$25	\$20	\$20	\$40
	Annual eye and hearing exams <sup>7</sup>	\$20	\$15/30 <sup>5</sup>	\$25	\$20	\$20	\$40
	Outpatient surgery (performed in office setting)	\$20	\$15/30 <sup>5</sup>	\$25	\$20	\$20	\$40
	Outpatient surgery (facility)	\$100	\$100	\$100	\$100	30% <sup>6</sup>	30% <sup>6</sup>
	Laboratory test, x-rays and diagnostic imaging	CIF	CIF	CIF	CIF	CIF	CIF
	Imaging (CT/PET scans and MRIs)	CIF	CIF	CIF	CIF	CIF	CIF
<b>HOSPITALIZATION SERVICES</b>							
	Hospital inpatient, facility	\$250/ admission	\$250/day, days 1 to 3	\$500/ admission	\$500/day, days 1 to 5	30% <sup>6</sup>	30% <sup>6</sup>
	Hospital inpatient, professional	CIF	CIF	CIF	CIF	CIF	CIF
<b>BEHAVIORAL HEALTH SERVICES</b>							
<b>Mental Health &amp; Substance Use Disorders</b>							
	Office or virtual visits	\$20	\$15	\$25	\$20	\$20	\$40
	Outpatient other services	CIF	CIF	CIF	CIF	CIF	CIF
	Inpatient services	\$250/ admission	\$250/day, days 1 to 3	\$500/ admission	\$500/day, days 1 to 5	30% <sup>6</sup>	30% <sup>6</sup>
<b>OTHER SERVICES</b>							
	Emergency room (waived if admitted)	\$100	\$100	\$100	\$100	\$100	\$100
	Urgent care virtual visit/Urgent care center	\$25/\$35	\$20/\$50	\$30/\$35	\$25/\$35	\$25/\$50	\$45/\$50
	Ambulance services	CIF	CIF	CIF	CIF	CIF	CIF
	Durable medical equipment <sup>8</sup>	20% <sup>6</sup>	20% <sup>6</sup>	20% <sup>6</sup>	20% <sup>6</sup>	20% <sup>6</sup>	20% <sup>6</sup>
	Pregnancy support/Pre-implantation genetic testing <sup>9</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>
	Infertility <sup>9</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>
	Acupuncture care, up to 20 visits <sup>10</sup>	\$15	\$15	\$15	\$15	\$15	\$15
	Chiropractic care, up to 20 visits <sup>10</sup>	\$15	\$15	\$15	\$15	\$15	\$15
<b>PRESCRIPTION DRUG PLANS</b>							
	Retail Pharmacy (30-day supply) TIER 1	see prescription drug plans (employer selects plan)					
	Retail Pharmacy (30-day supply) TIER 2						
	Retail Pharmacy (30-day supply) TIER 3						
	Retail Pharmacy (30-day supply) TIER 4						

# BENEFIT COMPARISON

## WESTERN DEDUCTIBLE PLANS

### WESTERN PLANS

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

		1000/20/20% HMO PRIME	1000/40/500 HMO PRIME	2500/20/500 HMO PRIME	2500/40/500 HMO PRIME	2500/0/30% HMO PRIME	4500/50/40% HMO PRIME
<b>MEDICAL DEDUCTIBLE<sup>1</sup></b>	SELF-ONLY COVERAGE	\$1,000	\$1,000	\$2,500	\$2,500	\$2,500	\$4,500
	INDIVIDUAL WITH FAMILY	\$1,000	\$1,000	\$2,500	\$2,500	\$2,500	\$4,500
	FAMILY COVERAGE	\$2,000	\$2,000	\$5,000	\$5,000	\$5,000	\$9,000
<b>PRESCRIPTION DEDUCTIBLE<sup>1</sup></b>	SELF-ONLY COVERAGE	based on pharmacy plan selected					
	INDIVIDUAL WITH FAMILY						
	FAMILY COVERAGE						
<b>ANNUAL OUT-OF-POCKET MAXIMUM<sup>2</sup></b>	SELF-ONLY COVERAGE	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$6,500
	INDIVIDUAL WITH FAMILY	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$6,500
	FAMILY COVERAGE	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$13,000
<b>PREVENTIVE CARE SERVICES<sup>3, 4</sup></b>							
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							
<b>PROFESSIONAL/OUTPATIENT SERVICES<sup>3</sup></b>							
	Office or virtual visits	\$20	\$40	\$20	\$40	\$0/\$40 <sup>5</sup>	\$50
	Annual eye and hearing exams <sup>7</sup>	\$20	\$40	\$20	\$40	\$0/\$40 <sup>5</sup>	\$50
	Outpatient surgery (performed in office setting)	\$20	\$40	\$20	\$40	\$0/\$40 <sup>5</sup>	\$50
	Outpatient surgery (facility)	\$250 AD	\$250 AD	\$250 AD	\$250 AD	30% AD <sup>6</sup>	40% AD <sup>6</sup>
	Laboratory test / X-rays and diagnostic imaging	CIF	CIF	CIF	CIF	CIF/\$15 AD	CIF AD
	Imaging (CT/PET scans and MRIs)	CIF	CIF	CIF	CIF	\$150 AD	CIF AD
<b>HOSPITALIZATION SERVICES</b>							
	Hospital inpatient, facility	20% AD <sup>6</sup>	\$500/day AD	\$500/day AD	\$500/day AD	30% AD <sup>6</sup>	40% AD <sup>6</sup>
	Hospital inpatient, professional	20% AD <sup>6</sup>	CIF	CIF	CIF	30% AD <sup>6</sup>	40% AD <sup>6</sup>
<b>BEHAVIORAL HEALTH SERVICES</b>							
Mental Health & Substance Use Disorders							
	Office or virtual visits	\$20	\$40	\$20	\$40	CIF	\$50
	Outpatient other services	CIF	CIF	CIF	CIF	CIF	CIF
	Inpatient services	20% AD <sup>6</sup>	\$500/day AD	\$500/day AD	\$500/day AD	30% AD <sup>6</sup>	40% AD <sup>6</sup>
<b>OTHER SERVICES</b>							
	Emergency room (waived if admitted)	20% AD <sup>6</sup>	\$100 AD	\$100 AD	\$100 AD	30% AD <sup>6</sup>	40% AD <sup>6</sup>
	Urgent care virtual visit/Urgent care center	\$25/\$50	\$45/\$50	\$25/\$50	\$45/\$50	\$0/\$50	\$49/\$50
	Ambulance services	CIF	CIF	CIF	CIF	CIF	40% AD <sup>6</sup>
	Durable medical equipment <sup>8</sup>	20% <sup>6</sup>	20% <sup>6</sup>	20% <sup>6</sup>	20% <sup>6</sup>	20% <sup>6</sup>	40% AD <sup>6</sup>
	Pregnancy support/Pre-implantation genetic testing <sup>9</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>
	Infertility <sup>9</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>
	Acupuncture care, up to 20 visits <sup>10</sup>	\$15	\$15	\$15	\$15	\$15	\$15
	Chiropractic care, up to 20 visits <sup>10</sup>	\$15	\$15	\$15	\$15	\$15	\$15
<b>PRESCRIPTION DRUG PLANS</b>							
	Retail Pharmacy (30-day supply) TIER 1	see prescription drug plans (employer selects plan)					
	Retail Pharmacy (30-day supply) TIER 2						
	Retail Pharmacy (30-day supply) TIER 3						
	Retail Pharmacy (30-day supply) TIER 4						

# BENEFIT COMPARISON

## WESTERN HSA-COMPATIBLE HIGH-DEDUCTIBLE PLANS

### WESTERN HIGH-DEDUCTIBLE PLANS

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

		1800/0/0 HDHP HMO PRIME <sup>11</sup>	2800/0/0 HDHP HMO PRIME <sup>11</sup>	2800/40/500 HDHP HMO PRIME <sup>11</sup>	3000/30/30% HDHP HMO PRIME <sup>11</sup>	4000/40%/40% HDHP HMO PRIME <sup>11</sup>	5500/0/0 HDHP HMO PRIME <sup>11</sup>
<b>MEDICAL DEDUCTIBLE<sup>1</sup></b>	SELF-ONLY COVERAGE	\$1,800	\$2,800	\$2,800	\$3,000	\$4,000	\$5,500
	INDIVIDUAL WITH FAMILY	\$3,300	\$3,300	\$3,300	\$3,300	\$4,000	\$5,500
	FAMILY COVERAGE	\$3,600	\$5,600	\$5,600	\$6,000	\$8,000	\$11,000
<b>PRESCRIPTION DEDUCTIBLE<sup>1</sup></b>	SELF-ONLY COVERAGE	combined with medical					
	INDIVIDUAL WITH FAMILY						
	FAMILY COVERAGE						
<b>ANNUAL OUT-OF-POCKET MAXIMUM<sup>2</sup></b>	SELF-ONLY COVERAGE	\$3,600	\$2,800	\$6,500	\$6,500	\$6,500	\$5,500
	INDIVIDUAL WITH FAMILY	\$3,600	\$3,300	\$6,500	\$6,500	\$6,500	\$5,500
	FAMILY COVERAGE	\$7,200	\$5,600	\$13,000	\$13,000	\$13,000	\$11,000
<b>PREVENTIVE CARE SERVICES<sup>3, 4</sup></b>							
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							
<b>PROFESSIONAL/OUTPATIENT SERVICES<sup>3</sup></b>							
	Office or virtual visits	CIF AD	CIF AD	\$40 AD	\$30 AD	40% AD <sup>6</sup>	CIF AD
	Annual eye and hearing exams <sup>7</sup>	CIF	CIF	CIF	CIF	CIF	CIF
	Outpatient surgery (performed in office setting)	CIF AD	CIF AD	\$40 AD	\$30 AD	40% AD <sup>6</sup>	CIF AD
	Outpatient surgery (facility)	CIF AD	CIF AD	\$250 AD	30% AD <sup>6</sup>	40% AD <sup>6</sup>	CIF AD
	Laboratory test, x-rays and diagnostic imaging	CIF AD	CIF AD	CIF AD	30% AD <sup>6</sup>	40% AD <sup>6</sup>	CIF AD
	Imaging (CT/PET scans and MRIs)	CIF AD	CIF AD	CIF AD	30% AD <sup>6</sup>	40% AD <sup>6</sup>	CIF AD
<b>HOSPITALIZATION SERVICES</b>							
	Hospital inpatient, facility	CIF AD	CIF AD	\$500/day AD	30% AD <sup>6</sup>	40% AD <sup>6</sup>	CIF AD
	Hospital inpatient, professional	CIF AD	CIF AD	CIF AD	30% AD <sup>6</sup>	40% AD <sup>6</sup>	CIF AD
<b>BEHAVIORAL HEALTH SERVICES</b>							
Mental Health & Substance Use Disorders							
	Office or virtual visits	CIF AD	CIF AD	\$40 AD	\$30 AD	40% AD <sup>6</sup>	CIF AD
	Outpatient other services	CIF AD	CIF AD	CIF AD	30% AD <sup>6</sup>	40% AD <sup>6</sup>	CIF AD
	Inpatient services	CIF AD	CIF AD	\$500/day AD	30% AD <sup>6</sup>	40% AD <sup>6</sup>	CIF AD
<b>OTHER SERVICES</b>							
	Emergency room (waived if admitted)	CIF AD	CIF AD	\$100 AD	30% AD <sup>6</sup>	40% AD <sup>6</sup>	CIF AD
	Urgent care virtual visit/Urgent care center	CIF AD	CIF AD	\$45 AD/ \$50 AD	30% up to \$35 AD/ 30% AD <sup>6</sup>	40% up to \$49 AD/ 40% AD <sup>6</sup>	CIF AD
	Ambulance services	CIF AD	CIF AD	CIF AD	30% AD <sup>6</sup>	40% AD <sup>6</sup>	CIF AD
	Durable medical equipment <sup>8</sup>	CIF AD	CIF AD	20% AD <sup>6</sup>	30% AD <sup>6</sup>	40% AD <sup>6</sup>	CIF AD
	Pregnancy support/Pre-implantation genetic testing <sup>9</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>
	Infertility <sup>9</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>	50% <sup>6</sup>
	Acupuncture care, up to 20 visits <sup>10</sup>	CIF AD	CIF AD	CIF AD	CIF AD	CIF AD	CIF AD
	Chiropractic care, up to 20 visits <sup>10</sup>	CIF AD	CIF AD	CIF AD	CIF AD	CIF AD	CIF AD
<b>PRESCRIPTION DRUG PLANS</b>							
	Retail Pharmacy (30-day supply) TIER 1	CIF AD	CIF AD	\$10 AD	\$10 AD	40% up to \$500 AD <sup>6</sup>	CIF AD
	Retail Pharmacy (30-day supply) TIER 2	\$30 AD	CIF AD	\$30 AD	\$30 AD		CIF AD
	Retail Pharmacy (30-day supply) TIER 3	\$50 AD	CIF AD	\$50 AD	\$50 AD		CIF AD
	Retail Pharmacy (30-day supply) TIER 4	\$100 AD	CIF AD	\$100 AD	\$100 AD		CIF AD



## PRESCRIPTION DRUG PLANS

When offering a medical plan with WHA, the employer selects a prescription plan to accompany the medical plan (with the exception of an HSA-compatible, high-deductible health plan).

	Rx Classic	Rx Plus	Rx Base
<b>Retail (30-day supply)</b>			
TIER 1	\$10	\$15	\$15
TIER 2	\$30	\$30, after \$250 deductible <sup>1</sup>	\$50
TIER 3	\$50	\$50, after \$250 deductible <sup>1</sup>	\$75
<b>Home Delivery (100-day supply)</b>			
TIER 1	\$20	\$30	\$30
TIER 2	\$60	\$60, after \$250 deductible <sup>1</sup>	\$100
TIER 3	\$100	\$100, after \$250 deductible <sup>1</sup>	\$150
<b>Specialty (30-day supply)</b>			
TIER 4	\$100	\$100, after \$250 deductible <sup>1</sup>	\$250

## WELLNESS REDEFINED AND BUILT-IN

As your healthy lifestyle partner, your employees may access innovative wellness programs, resources, and even virtual classes to keep healthy and fit. In addition, we've expanded disease management programs and virtual care options, providing greater access to care wherever your employees live/work/play.

## OPTIONAL RIDERS

Employers may elect to offer additional benefits as a rider to round-out their medical plan offerings. Enrollment in the rider is concurrent to the medical plans offered. See plan documents for description of details, limitations and/or exclusions.

### HEALTHY LIFESTYLE PROGRAM<sup>12</sup>

Includes personalized support, virtual coaching, and access to online tools and community resources for:

- Weight Loss/Management
- Smoking Cessation
- End-to-end health support for family planning, parenthood, and well-being

### HEARING AID PLANS<sup>13</sup>

Choice	\$1,000 allowance	allowance for instrument and ear molds; every 36 months; includes routine hearing exam
Select	TruHearing® Advanced (\$699/device copayment)	flat copayment based on hearing aid selection; up to two hearing aids every 12 months; includes routine hearing exam
	TruHearing® Premium (\$999/device copayment)	

## NOTES

- <sup>1</sup> 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.
- <sup>2</sup> The annual out-of-pocket maximum is the total amount that the member must pay for certain services in a calendar year.
- <sup>3</sup> 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.
- <sup>4</sup> There may be an office visit copay if the primary purpose of a visit is not preventive or other services are provided.
- <sup>5</sup> Primary Care Physician copayment/specialist copayment.
- <sup>6</sup> Percentage copayment amounts are based on WHA's contracted rates with the provider of service.
- <sup>7</sup> With the exception of pediatric vision exams, copayments for vision and hearing examinations do not contribute to the out-of-pocket maximum.
- <sup>8</sup> See Copayment Summary for applicable prosthetic/orthotic device copayment amount.
- <sup>9</sup> Services under the pregnancy support and pre-implementation genetic testing and infertility services are separate from the medical plan. Services are not subject to the deductible and copayments do not apply to the out-of-pocket maximum of the medical plan. Refer to Copayment Summaries for limitations and exclusions. Employers may decline these benefits.
- <sup>10</sup> Acupuncture and chiropractic services provided through Landmark Healthplan of California, Inc. Copayments for chiropractic services, if applicable, do not contribute to the medical OOP maximum.
- <sup>11</sup> The deductible and annual out-of-pocket maximum amounts are embedded, i.e. each member in the family must meet the Individual with family amount or the family must meet the Family amount before benefits will apply for that member.
- <sup>12</sup> Healthy Lifestyle rider includes three coaching programs (Real Appeal weight loss, Quit for Life smoking cessation, Maven+ pregnancy) and is administered by Optum Health.
- <sup>13</sup> Hearing aid services are administered by TruHearing. Costs you pay for hearing services, including hearing exam copayment and hearing aid costs, do not contribute to the out-of-pocket maximum.

NOTE: Plans are pending DMHC approval.



**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](https://choosewha.com/quality) to learn more about WHA's customer satisfaction ratings and annual provider survey results.



visit [choosewha.com](https://choosewha.com)



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