



**westernhealth**  
ADVANTAGE



**a healthy balance**



**PLAN COMPARISON**

2024 • 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).

NOTE: Plans are pending DMHC approval.

BENEFIT COMPARISON

PREMIER PLANS

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

PREMIER TRADITIONAL PLANS

MEDICAL DEDUCTIBLE <sup>1</sup>	SELF-ONLY COVERAGE	none			
	INDIVIDUAL WITH FAMILY				
	FAMILY COVERAGE				
PRESCRIPTION DEDUCTIBLE <sup>1</sup>	SELF-ONLY COVERAGE	n/a			
	INDIVIDUAL WITH FAMILY				
	FAMILY COVERAGE				
ANNUAL OUT-OF-POCKET MAXIMUM <sup>2</sup>	SELF-ONLY COVERAGE	\$1,000	\$1,500	\$1,500	\$1,500
	INDIVIDUAL WITH FAMILY	\$1,000	\$1,500	\$1,500	\$1,500
	FAMILY COVERAGE	\$2,500	\$2,500	\$2,500	\$2,500
PREVENTIVE CARE SERVICES <sup>3, 4</sup>					
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 <sup>3</sup>					
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
HOSPITALIZATION SERVICES					
Hospital inpatient, facility		CIF	CIF	CIF	CIF
Hospital inpatient, professional		CIF	CIF	CIF	CIF
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders					
Office or virtual visits		\$10	\$15	\$20	\$40
Outpatient other services		CIF	CIF	CIF	CIF
Inpatient services		CIF	CIF	CIF	CIF
OTHER SERVICES					
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>
Home self-injectable medication (30-day supply)		20% up to \$100 <sup>6</sup>	20% up to \$100 <sup>6</sup>	20% up to \$100 <sup>6</sup>	20% up to \$100 <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
PRESCRIPTION DRUG PLAN					
Retail Pharmacy (30-day supply) TIER 1		see prescription drug plans			
Retail Pharmacy (30-day supply) TIER 2					
Retail Pharmacy (30-day supply) TIER 3					

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

MEDICAL  
DEDUCTIBLE<sup>1</sup>

SELF-ONLY COVERAGE

INDIVIDUAL WITH FAMILY

FAMILY COVERAGE

none

PRESCRIPTION  
DEDUCTIBLE<sup>1</sup>

SELF-ONLY COVERAGE

INDIVIDUAL WITH FAMILY

FAMILY COVERAGE

n/a

ANNUAL  
OUT-OF-POCKET  
MAXIMUM<sup>2</sup>

SELF-ONLY COVERAGE

INDIVIDUAL WITH FAMILY

FAMILY COVERAGE

\$1,500

\$1,500

\$2,500

\$2,500

\$3,000

\$3,000

\$1,500

\$1,500

\$2,500

\$2,500

\$3,000

\$3,000

\$2,500

\$2,500

\$4,500

\$4,500

\$5,000

\$5,000

PREVENTIVE CARE SERVICES<sup>3, 4</sup>

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<sup>3</sup>

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

HOSPITALIZATION SERVICES

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

BEHAVIORAL HEALTH SERVICES  
Mental Health & Substance Use Disorders

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>

OTHER SERVICES

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>

Home self-injectable medication (30-day supply)

20% up to \$100<sup>6</sup>

20% up to \$100<sup>6</sup>

20% up to \$100<sup>6</sup>

20% up to \$100<sup>6</sup>

20% up to \$100<sup>6</sup>

20% up to \$100<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

PRESCRIPTION DRUG PLANS

Retail Pharmacy (30-day supply) TIER 1

Retail Pharmacy (30-day supply) TIER 2

Retail Pharmacy (30-day supply) TIER 3

see prescription drug plans

BENEFIT COMPARISON		WESTERN DEDUCTIBLE PLANS					
		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>WESTERN PLANS</b> Copayment/coinsurance is listed per visit/per trip/per prescription							
<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						
	INDIVIDUAL WITH FAMILY	n/a	\$150 brand or non-preferred	\$150 brand or non-preferred	\$150 brand or non-preferred	\$150 brand or non-preferred	n/a
	FAMILY COVERAGE						
<b>ANNUAL OUT-OF-POCKET MAXIMUM<sup>2</sup></b>	SELF-ONLY COVERAGE	\$3,000	\$4,000	\$5,000	\$5,000	\$5,000	\$6,350
	INDIVIDUAL WITH FAMILY	\$3,000	\$4,000	\$5,000	\$5,000	\$5,000	\$6,350
	FAMILY COVERAGE	\$6,000	\$8,000	\$10,000	\$10,000	\$10,000	\$12,700
<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 Mental Health &amp; Substance Use Disorders</b>							
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>
Home self-injectable medication (30-day supply)		20% up to \$100 <sup>6</sup>	20% up to \$100 <sup>6</sup>	20% up to \$100 <sup>6</sup>	20% up to \$100 <sup>6</sup>	20% up to \$100 <sup>6</sup>	20% up to \$100 <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		\$10	\$10	\$10	\$10	\$10	\$15
Retail Pharmacy (30-day supply) TIER 2		\$30	\$30 AD	\$30 AD	\$30 AD	\$30 AD	\$50
Retail Pharmacy (30-day supply) TIER 3		\$50	\$50 AD	\$50 AD	\$50 AD	\$50 AD	\$75

# BENEFIT COMPARISON

## WESTERN HIGH-DEDUCTIBLE PLANS

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

		WESTERN HSA-COMPATIBLE HIGH-DEDUCTIBLE PLANS					
		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>
MEDICAL DEDUCTIBLE <sup>1</sup>	SELF-ONLY COVERAGE	\$1,800	\$2,800	\$2,800	\$3,000	\$4,000	\$5,500
	INDIVIDUAL WITH FAMILY	\$3,200	\$3,200	\$3,200	\$3,200	\$4,000	\$5,500
	FAMILY COVERAGE	\$3,600	\$5,600	\$5,600	\$6,000	\$8,000	\$11,000
PRESCRIPTION DEDUCTIBLE <sup>1</sup>	SELF-ONLY COVERAGE	combined with medical					
	INDIVIDUAL WITH FAMILY						
	FAMILY COVERAGE						
ANNUAL OUT-OF-POCKET MAXIMUM <sup>2</sup>	SELF-ONLY COVERAGE	\$3,600	\$2,800	\$4,000	\$6,350	\$6,350	\$5,500
	INDIVIDUAL WITH FAMILY	\$3,600	\$3,200	\$4,000	\$6,350	\$6,350	\$5,500
	FAMILY COVERAGE	\$7,200	\$5,600	\$8,000	\$12,700	\$12,700	\$11,000
PREVENTIVE CARE SERVICES <sup>3, 4</sup>							

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 <sup>3</sup>							
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
HOSPITALIZATION SERVICES							
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
BEHAVIORAL HEALTH SERVICES 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
OTHER SERVICES							
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>
Home self-injectable medication (30-day supply)		CIF AD	CIF AD	20% up to \$100 AD <sup>6</sup>	20% up to \$100 AD <sup>6</sup>	40% up to \$500 AD <sup>6</sup>	CIF AD
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
PRESCRIPTION DRUG PLANS							
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

## PRESCRIPTION DRUG PLANS

When offering a Premier or an Advantage plan, the employer selects a prescription plan to accompany the medical plan.

	Rx 10/30/50	Rx 10/40/60	Rx 10/30/50 Deductible
TIER 1	\$10	\$10	\$10
TIER 2	\$30	\$40	\$30, after \$150 deductible <sup>1</sup>
TIER 3	\$50	\$60	\$50, after \$150 deductible <sup>1</sup>

## 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

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 <sup>12</sup>	
Infertility services	50% benefit, subject to limitations

HEALTHY LIFESTYLE PROGRAM <sup>13</sup>	
Includes personalized coaching, online support and access to resources for:	
<ul style="list-style-type: none"><li>• Weight Loss/Management</li><li>• Smoking Cessation</li><li>• Pregnancy and Postpartum</li></ul>	

HEARING AID PLANS <sup>14</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 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. Employers may decline this benefit.
- <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> Refer to the Infertility Benefits Copayment Summary for limitations and exclusions.
- <sup>13</sup> Healthy Lifestyle includes three coaching programs (weight loss, smoking cessation, pregnancy) and is administered by Optum Health.
- <sup>14</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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