

PLAN COMPARISON

2026 • 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



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

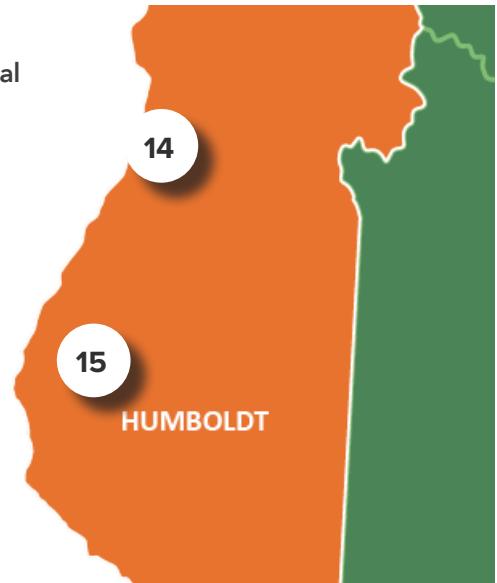
1. Healdsburg District Hospital
Healdsburg, CA 95448
2. Providence Santa Rosa
Memorial Hospital
Santa Rosa, CA 95405
3. Petaluma Valley Hospital
Petaluma, CA 94954
4. MarinHealth Medical Center
Greenbrae, CA 94904
5. Sonoma Valley Hospital
Sonoma, CA 95476
6. Providence Queen of the
Valley Medical Center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

DIRECT FROM WHA

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 DEDUCTIBLE ¹	SELF-ONLY COVERAGE	N/A	N/A	N/A	N/A
	INDIVIDUAL WITH FAMILY				
	FAMILY COVERAGE				
PRESCRIPTION DEDUCTIBLE ¹	SELF-ONLY COVERAGE	N/A	N/A	N/A	N/A
	INDIVIDUAL WITH FAMILY				
	FAMILY COVERAGE				
ANNUAL OUT-OF-POCKET MAXIMUM ²	SELF-ONLY COVERAGE	\$4,500	\$5,500	\$4,000	\$8,750
	INDIVIDUAL WITH FAMILY	\$4,500	\$5,500	\$4,000	\$8,750
	FAMILY COVERAGE	\$9,000	\$11,000	\$8,000	\$17,500
PREVENTIVE CARE SERVICES ^{3, 4}					
Preventive Care is CIF — includes: annual physical examinations; immunizations, adult and pediatric; women's preventive services; maternity care, routine prenatal and lab tests and first post-natal visit; well baby care; and breast, cervical, prostate and colorectal cancer screenings					
PROFESSIONAL/OUTPATIENT SERVICES ³					
Office or virtual visits, primary care					
\$20					
Office or virtual visits, specialist					
\$30					
Annual adult vision exam ⁷					
not covered					
Outpatient surgery, facility					
\$100					
Outpatient surgery, professional					
\$25					
Laboratory tests					
\$20					
X-ray and diagnostic imaging					
\$30					
Imaging (CT/PET scans and MRIs)					
\$100					
HOSPITALIZATION SERVICES					
Hospital inpatient, facility (days)					
\$250 (1-5)					
Hospital inpatient, professional					
CIF					
MENTAL HEALTH & SUBSTANCE USE DISORDERS					
Office or virtual visits					
\$20					
Outpatient other services					
CIF					
Inpatient services, facility (days)					
\$250 (1-5)					
OTHER SERVICES					
Emergency room, facility (waived if admitted)					
\$150					
Emergency room, professional					
CIF					
Urgent care virtual visit					
\$20					
Urgent care center					
\$20					
Ambulance services					
\$150					
Durable medical equipment ⁵					
10% ¹⁰					
Home health services, up to 100 visits					
\$20					
Acupuncture ⁶					
\$20					
Chiropractic, up to 20 visits ⁶					
not covered					
Pediatric (up to 19) vision ⁷					
Vision exam/eyewear at no cost					
Pediatric (up to 19) dental ⁸					
Diagnostic and preventive dental care at no cost; see additional benefit info					
PRESCRIPTION SERVICES ⁹					
Retail Pharmacy (30-day supply) TIER 1					
\$5					
Retail Pharmacy (30-day supply) TIER 2					
\$20					
Retail Pharmacy (30-day supply) TIER 3					
\$30					
Retail Pharmacy (30-day supply) TIER 4					
10% up to \$250 ¹⁰					
20% up to \$250 ¹⁰					

DIRECT FROM WHA

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
Copayment/coinsurance is listed per day/per trip/per prescription							
MEDICAL DEDUCTIBLE ¹	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 DEDUCTIBLE ¹	SELF-ONLY COVERAGE		\$500	\$250	\$300	\$500	\$450
	INDIVIDUAL WITH FAMILY	N/A	\$500	\$250	\$300	\$500	\$450
	FAMILY COVERAGE		\$1,000	\$500	\$600	\$1,000	\$900
ANNUAL OUT-OF-POCKET MAXIMUM ²	SELF-ONLY COVERAGE	\$7,800	\$8,500	\$8,500	\$8,750	\$8,750	\$9,800
	INDIVIDUAL WITH FAMILY	\$7,800	\$8,500	\$8,500	\$8,750	\$8,750	\$9,800
	FAMILY COVERAGE	\$15,600	\$17,000	\$17,000	\$17,500	\$17,500	\$19,600
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 ⁵							
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
Annual adult vision exam ⁷		not covered	CIF	CIF	not covered	CIF	not covered
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	\$50
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 (days)		\$600 AD (1-5)	\$500 AD (1-5)	\$500 AD (1-5)	35% AD ¹⁰	30% AD ¹⁰	40% AD ¹⁰
Hospital inpatient, professional		CIF	CIF	CIF	35% ¹⁰	CIF	40% AD ¹⁰
MENTAL HEALTH & SUBSTANCE USE DISORDERS							
Office or virtual visits		\$35	\$40	\$40	\$55	\$50	\$60
Outpatient other services		CIF	CIF	35% up to \$55 ¹⁰	CIF	CIF	40% up to \$60
Inpatient services, facility (days)		\$600 AD (1-5)	\$500 AD (1-5)	\$500 AD (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		\$35	\$45	\$45	\$49	\$49	\$49
Urgent care center		\$35	\$50	\$50	\$55	\$50	\$60
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		\$35	\$15	\$15	\$55	\$15	\$60
Chiropractic, up to 20 visits ⁶		not covered	\$15	\$15	not covered	\$15	not covered
Pediatric (up to 19) vision ⁷		Vision exam/eyewear at no cost					
Pediatric (up to 19) dental ⁸		Diagnostic and preventive dental care at no cost; see additional benefit info					
PRESCRIPTION SERVICES ⁹							
Retail Pharmacy (30-day supply) TIER 1		\$15	\$10	\$10	\$19	\$25	\$20
Retail Pharmacy (30-day supply) TIER 2		\$40	\$50 AD	\$50 AD	\$85 AD		
Retail Pharmacy (30-day supply) TIER 3		\$70	\$75 AD	\$75 AD	\$110 AD		
Retail Pharmacy (30-day supply) TIER 4		20% up to \$250 ¹⁰	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 1700 PLATINUM 90 HDHP HMO	GATEWAY 2900 GOLD 80 HDHP HMO	GATEWAY 1700 GOLD 80 HDHP HMO	GATEWAY 3200 SILVER 70 HDHP HMO	GATEWAY 7200 BRONZE 60 HDHP HMO
MEDICAL DEDUCTIBLE ¹	SELF-ONLY COVERAGE	\$1,700	\$2,900	\$1,700	\$3,200
	INDIVIDUAL WITH FAMILY	\$3,400	\$3,400	\$3,400	\$7,200
	FAMILY COVERAGE	\$3,400	\$5,800	\$3,400	\$14,400
PRESCRIPTION DEDUCTIBLE ¹	SELF-ONLY COVERAGE	Included in the medical deductible			
	INDIVIDUAL WITH FAMILY				
	FAMILY COVERAGE				
ANNUAL OUT-OF-POCKET MAXIMUM ²	SELF-ONLY COVERAGE	\$3,400	\$4,800	\$4,800	\$8,300
	INDIVIDUAL WITH FAMILY	\$3,400	\$4,800	\$4,800	\$8,300
	FAMILY COVERAGE	\$6,800	\$9,600	\$9,600	\$16,600
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 ⁵					
Office or virtual visits, primary care	CIF AD	CIF AD	20% AD ¹⁰	25% AD ¹⁰	CIF AD
Office or virtual visits, specialist	CIF AD	CIF AD	20% AD ¹⁰	25% AD ¹⁰	CIF AD
Annual adult vision exam ⁷	CIF	CIF	CIF	CIF	CIF
Outpatient surgery, facility	CIF AD	CIF AD	20% AD ¹⁰	25% AD ¹⁰	CIF AD
Outpatient surgery, professional	CIF AD	CIF AD	20% AD ¹⁰	25% AD ¹⁰	CIF AD
Laboratory tests	CIF AD	CIF AD	20% AD ¹⁰	25% AD ¹⁰	CIF AD
X-ray and diagnostic imaging	CIF AD	CIF AD	20% AD ¹⁰	25% AD ¹⁰	CIF AD
Imaging (CT/PET scans and MRIs)	CIF AD	CIF AD	20% AD ¹⁰	25% AD ¹⁰	CIF AD
HOSPITALIZATION SERVICES					
Hospital inpatient, facility	CIF AD	CIF AD	20% AD ¹⁰	25% AD ¹⁰	CIF AD
Hospital inpatient, professional	CIF AD	CIF AD	20% AD ¹⁰	25% AD ¹⁰	CIF AD
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders					
Office or virtual visits	CIF AD	CIF AD	20% AD ¹⁰	25% AD ¹⁰	CIF AD
Outpatient other services	CIF AD	CIF AD	CIF AD	25% AD ¹⁰	CIF AD
Inpatient services, facility	CIF AD	CIF AD	20% AD ¹⁰	25% AD ¹⁰	CIF AD
OTHER SERVICES					
Emergency room, facility (waived if admitted)	CIF AD	CIF AD	20% AD ¹⁰	25% AD ¹⁰	CIF AD
Emergency room, professional	CIF AD	CIF AD	20% AD ¹⁰	CIF AD	CIF AD
Urgent care virtual visit	CIF AD	CIF AD	20% AD ¹⁰	25% AD ¹⁰	CIF AD
Urgent care center	CIF AD	CIF AD	20% AD ¹⁰	25% AD ¹⁰	CIF AD
Ambulance services	CIF AD	CIF AD	20% AD ¹⁰	25% AD ¹⁰	CIF AD
Durable medical equipment ⁵	CIF AD	CIF AD	20% AD ¹⁰	25% AD ¹⁰	CIF AD
Home health services, up to 100 visits	CIF AD	CIF AD	20% AD ¹⁰	25% AD ¹⁰	CIF AD
Acupuncture ⁶	CIF AD	CIF AD	CIF AD	CIF AD	CIF AD
Chiropractic, up to 20 visits ⁶	CIF AD	CIF AD	CIF AD	CIF AD	CIF AD
Pediatric (up to 19) vision ⁷	Vision exam/eyewear at no cost				
Pediatric (up to 19) dental ⁸	Diagnostic and preventive dental care at no cost; see additional benefit info				
PRESCRIPTION SERVICES ⁹					
TIER 1: Retail Pharmacy/Home Delivery	CIF AD	CIF AD	\$10 AD	25% up to \$250 AD ¹⁰	CIF AD
TIER 2: Retail Pharmacy/Home Delivery	CIF AD	\$40 AD	\$40 AD		
TIER 3: Retail Pharmacy/Home Delivery	\$40 AD	\$60 AD	\$60 AD		
TIER 4: 30-day supply	\$100 AD	20% up to \$250 AD ¹⁰	20% up to \$250 AD ¹⁰		

AVAILABLE IN CALCHOICE

TRADITIONAL PLANS				
	SIERRA 20 PLATINUM 90 HMO	CAPITAL 20 PLATINUM 90 HMO	SIERRA 25 PLATINUM 90 HMO	SIERRA 40 GOLD 80 HMO
MEDICAL DEDUCTIBLE ¹	SELF-ONLY COVERAGE	none	N/A	none
	INDIVIDUAL WITH FAMILY			
	FAMILY COVERAGE			
PRESCRIPTION DEDUCTIBLE ¹	SELF-ONLY COVERAGE	none	N/A	none
	INDIVIDUAL WITH FAMILY			
	FAMILY COVERAGE			
ANNUAL OUT-OF-POCKET MAXIMUM ²	SELF-ONLY COVERAGE	\$5,500	\$4,500	\$5,500
	INDIVIDUAL WITH FAMILY	\$5,500	\$4,500	\$5,500
	FAMILY COVERAGE	\$11,000	\$9,000	\$11,000
PREVENTIVE CARE SERVICES ^{3, 4}				
Preventive Care is CIF — includes: annual physical examinations; immunizations, adult and pediatric; women's preventive services; maternity care, routine prenatal and lab tests and first post-natal visit; well baby care; and breast, cervical, prostate and colorectal cancer screenings				
PROFESSIONAL/OUTPATIENT SERVICES ³				
Office or virtual visits, primary care	\$20	\$20	\$25	\$40
	\$20	\$30	\$25	\$40
Annual adult vision exam ⁷	CIF	not covered	CIF	CIF
Outpatient surgery, facility	\$200	\$100	\$200	\$300
Outpatient surgery, professional	CIF	\$25	CIF	CIF
Laboratory tests	CIF	\$20	CIF	\$40
X-ray and diagnostic imaging	CIF	\$30	CIF	\$60
Imaging (CT/PET scans and MRIs)	\$150	\$100	\$100	\$300
HOSPITALIZATION SERVICES				
Hospital inpatient, facility (days)	CIF	\$250 (1-5)	\$250 (1-5)	\$600
Hospital inpatient, professional	CIF	CIF	CIF	CIF
MENTAL HEALTH & SUBSTANCE USE DISORDERS				
Office or virtual visits	\$20	\$20	\$25	\$40
Outpatient other services	CIF	CIF	CIF	CIF
Inpatient services, facility (days)	CIF	\$250 (1-5)	\$250 (1-5)	\$600
OTHER SERVICES				
Emergency room, facility (waived if admitted)	\$150	\$150	\$150	\$300
Emergency room, professional	CIF	CIF	CIF	CIF
Urgent care virtual visit	\$25	\$20	\$30	\$45
Urgent care center	\$50	\$20	\$50	\$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	\$20	\$15	\$15
Chiropractic, up to 20 visits ⁶	\$15	not covered	\$15	\$15
Pediatric (up to 19) vision ⁷	Vision exam/eyewear at no cost			
Pediatric (up to 19) dental ⁸	Diagnostic and preventive dental care at no cost; see additional benefit info			
PRESCRIPTION SERVICES ⁹				
Retail Pharmacy (30-day supply) TIER 1	\$10	\$5	\$10	\$20
Retail Pharmacy (30-day supply) TIER 2	\$30	\$20	\$30	\$50
Retail Pharmacy (30-day supply) TIER 3	\$50	\$30	\$50	\$75
Retail Pharmacy (30-day supply) TIER 4	20% up to \$250 ¹⁰	10% up to \$250 ¹⁰	20% up to \$250 ¹⁰	20% up to \$250 ¹⁰

AVAILABLE IN CALCHOICE

DEDUCTIBLE PLANS						
Copayment/coinsurance is listed per day/per trip/per prescription		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 DEDUCTIBLE ¹	SELF-ONLY COVERAGE	\$250	\$1,000	\$2,500	\$2,300	\$5,800
	INDIVIDUAL WITH FAMILY	\$250	\$1,000	\$2,500	\$2,300	\$5,800
	FAMILY COVERAGE	\$500	\$2,000	\$5,000	\$4,600	\$11,600
PRESCRIPTION DEDUCTIBLE ¹	SELF-ONLY COVERAGE		\$500	\$300	\$500	\$450
	INDIVIDUAL WITH FAMILY	N/A	\$500	\$300	\$500	\$450
	FAMILY COVERAGE		\$1,000	\$600	\$1,000	\$900
ANNUAL OUT-OF-POCKET MAXIMUM ²	SELF-ONLY COVERAGE	\$7,800	\$8,500	\$8,750	\$8,750	\$9,800
	INDIVIDUAL WITH FAMILY	\$7,800	\$8,500	\$8,750	\$8,750	\$9,800
	FAMILY COVERAGE	\$15,600	\$17,000	\$17,500	\$17,500	\$19,600
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		\$35	\$40	\$55	\$50	\$60
Office or virtual visits, specialist		\$55	\$40	\$90	\$50	\$95 AD ¹¹
Annual adult vision exam ⁷		not covered	CIF	not covered	CIF	not covered
Outpatient surgery, facility		\$300 AD	\$500 AD	35% AD ¹⁰	\$500 AD	40% AD ¹⁰
Outpatient surgery, professional		\$35	CIF	35% ¹⁰	30% AD ¹⁰	40% AD ¹⁰
Laboratory tests		\$35	CIF	\$55	\$50	\$50
X-ray and diagnostic imaging		\$55	\$40	\$90	\$80	40% AD ¹⁰
Imaging (CT/PET scans and MRIs)		\$250 AD	\$300	\$300 AD	\$500 AD	40% AD ¹⁰
HOSPITALIZATION SERVICES						
Hospital inpatient, facility (days)		\$600 AD (1-5)	\$500 AD (1-5)	35% AD ¹⁰	30% AD ¹⁰	40% AD ¹⁰
Hospital inpatient, professional		CIF	CIF	35% ¹⁰	CIF	40% AD ¹⁰
MENTAL HEALTH & SUBSTANCE USE DISORDERS						
Office or virtual visits		\$35	\$40	\$55	\$50	\$60
Outpatient other services		CIF	CIF	CIF	CIF	40% up to \$60
Inpatient services, facility (days)		\$600 AD (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		\$35	\$45	\$49	\$49	\$49
Urgent care center		\$35	\$50	\$55	\$100	\$60
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		\$35	\$15	\$55	\$15	\$60
Chiropractic, up to 20 visits ⁶		not covered	\$15	not covered	\$15	not covered
Pediatric (up to 19) vision ⁷						
Vision exam/eyewear at no cost						
Pediatric (up to 19) dental ⁸						
Diagnostic and preventive dental care at no cost; see additional benefit info						
PRESCRIPTION SERVICES ⁹						
Retail Pharmacy (30-day supply) TIER 1		\$15	\$10	\$19	\$20	\$20
Retail Pharmacy (30-day supply) TIER 2		\$40	\$50 AD	\$85 AD		
Retail Pharmacy (30-day supply) TIER 3		\$70	\$75 AD	\$110 AD		
Retail Pharmacy (30-day supply) TIER 4		20% up to \$250 ¹⁰	20% up to \$250 AD ¹⁰	30% up to \$250 AD ¹⁰	30% up to \$250 AD ¹⁰	40% up to \$500 AD ¹⁰

AVAILABLE IN CALCHOICE

HSA-COMPATIBLE HIGH-DEDUCTIBLE PLANS			
	SIERRA 2900 GOLD 80 HDHP HMO	SIERRA 3200 SILVER 70 HDHP HMO	SIERRA 7200 BRONZE 60 HDHP HMO
MEDICAL DEDUCTIBLE ¹	SELF-ONLY COVERAGE	\$2,900	\$3,200
	INDIVIDUAL WITH FAMILY	\$3,400	\$3,400
	FAMILY COVERAGE	\$5,800	\$6,400
PRESCRIPTION DEDUCTIBLE ¹	SELF-ONLY COVERAGE	included in the medical deductible	
	INDIVIDUAL WITH FAMILY		
	FAMILY COVERAGE		
ANNUAL OUT-OF-POCKET MAXIMUM ²	SELF-ONLY COVERAGE	\$4,800	\$8,300
	INDIVIDUAL WITH FAMILY	\$4,800	\$8,300
	FAMILY COVERAGE	\$9,600	\$16,600
PREVENTIVE CARE SERVICES ^{3, 4}			
Preventive Care is Covered in Full (CIF) — includes: annual physical examinations; immunizations, adult and pediatric; women's preventive services; maternity care, routine prenatal and lab tests and first post-natal visit; well baby care; and breast, cervical, prostate and colorectal cancer screenings			
PROFESSIONAL/OUTPATIENT SERVICES ³			
Office or virtual visits, primary care	CIF AD	25% AD ¹⁰	CIF AD
Office or virtual visits, specialist	CIF AD	25% AD ¹⁰	CIF AD
Annual adult vision exam ⁷	CIF	CIF	CIF
Outpatient surgery, facility	CIF	25% AD ¹⁰	CIF AD
Outpatient surgery, professional	CIF AD	25% AD ¹⁰	CIF AD
Laboratory tests	CIF AD	25% AD ¹⁰	CIF AD
X-ray and diagnostic imaging	CIF AD	25% AD ¹⁰	CIF AD
Imaging (CT/PET scans and MRIs)	CIF AD	25% AD ¹⁰	CIF AD
HOSPITALIZATION SERVICES			
Hospital inpatient, facility	CIF AD	25% AD ¹⁰	CIF AD
Hospital inpatient, professional	CIF AD	25% AD ¹⁰	CIF AD
MENTAL HEALTH & SUBSTANCE USE DISORDERS			
Office or virtual visits	CIF AD	25% AD ¹⁰	CIF AD
Outpatient other services	CIF AD	25% AD ¹⁰	CIF AD
Inpatient services, facility	CIF AD	25% AD ¹⁰	CIF AD
OTHER SERVICES			
Emergency room, facility (waived if admitted)	CIF AD	25% AD ¹⁰	CIF AD
Emergency room, professional	CIF AD	CIF AD	CIF AD
Urgent care virtual visit	CIF AD	25% AD ¹⁰	CIF AD
Urgent care center	CIF AD	25% AD ¹⁰	CIF AD
Ambulance services	CIF AD	25% AD ¹⁰	CIF AD
Durable medical equipment ⁵	CIF AD	25% AD ¹⁰	CIF AD
Home health services, up to 100 visits	CIF AD	25% AD ¹⁰	CIF AD
Acupuncture ⁶	CIF AD	CIF AD	CIF AD
Chiropractic, up to 20 visits ⁶	CIF AD	CIF AD	CIF AD
Pediatric (up to 19) vision ⁷	Vision exam/eyewear at no cost		
Pediatric (up to 19) dental ⁸	Diagnostic and preventive dental care at no cost; see additional benefit info		
PRESCRIPTION SERVICES ⁹			
Retail Pharmacy (30-day supply) TIER 1	CIF AD	25% up to \$500 AD ¹⁰	CIF AD
Retail Pharmacy (30-day supply) TIER 2	\$40 AD		
Retail Pharmacy (30-day supply) TIER 3	\$60 AD		
Retail Pharmacy (30-day supply) TIER 4	20% up to \$250 AD ¹⁰		

PLAN BENEFIT COMPARISON NOTES

- 1 Medical or prescription services may be subject to a deductible. The member must pay for these services when services are rendered until the deductible is met in that calendar year. Charges under the deductible are based on WHA's contracted rates with the provider of service.
- 2 The annual out-of-pocket maximum is the total amount that the member must pay for certain services in a calendar year.
- 3 Generally, all non-emergency care must be accessed through your Primary Care Physician (PCP) within WHA's provider network. Obstetrical and gynecological services may be obtained directly without a PCP referral.
- 4 There may be an office visit copay if the primary purpose of a visit is not preventive or other services are provided.
- 5 See Copayment Summary for applicable prosthetic/orthotic device copayment amount.
- 6 Acupuncture and chiropractic services (when covered) are provided through Landmark Healthplan of California, Inc. Copayments for chiropractic services, if applicable, do not contribute to the deductible or medical OOP maximum.
- 7 Adult and pediatric vision benefits are provided through Vision Service Plan (VSP) and not subject to the medical deductible.
- 8 Pediatric dental services provided through Delta Dental of California. Dental plans are not subject to the medical deductible whereas, copayments contribute to the medical OOP maximum.
- 9 Certain drugs may be categorized outside their respective tier. To confirm tier level for any drug, refer to the Preferred Drug List (PDL).
Oral anti-cancer drugs will not exceed \$250 for 30-day supply after deductible.
- 10 Percentage copayment amounts are based on WHA's contracted rates with the provider of service.
- 11 The deductible is waived for first three non-preventive specialty care visits.
- 12 Optional VSP Advantage vision plans are underwritten and administered by Vision Service Plan (VSP).
- 13 DeltaCare USA and Delta Dental PPO plans are underwritten and administered by Delta Dental of California.

NOTE: Plans are pending DMHC approval.

HEALTH SAVINGS ACCOUNT

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

BUILT-IN HEALTH AND WELLNESS SUPPORT

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

- **Kaia** – Digital Pain Management
- **Maven** – 24/7 Virtual Pregnancy & Family Support
- **Quit for Life** – One-on-One Support to Quit Tobacco
- **Real Appeal: Weight Loss** – Personal Coaching for Weight Loss
- **Virta** – Sustainable Weight Loss and Diabetes Reversal

OPTIONAL FERTILITY & FAMILY-BUILDING PLANS

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

OPTIONAL BENEFIT PLANS & RATES

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

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

ADULT DENTAL PLANS ¹³	DeltaCare® USA	Delta Dental PPO 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

*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.



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