westernhealth ADVANTAGE

WHA PLAN COMPARISON

Your employer has selected these plan options for you to choose from.

This is a summary only. Consult the applicable Copayment Summaries and Combined Evidence of Coverage and Disclosure Form (EOC/DF) for a detailed description of coverage benefits and limitations. Applicants have a right to review the EOC/DF prior to enrollment. Call WHA Group Sales at 888.499.3198 to request a copy. Plan summaries are on your group's WHA web page.

MEDICAL PLAN COMPARISON **EFFECTIVE 01.01.26**	**PREMIER 0/30/0A HMO PRIME**
Medical Deductible (Self-Only/Individual/Family)	none
Prescription Deductible (Self-Only/Individual/Family)	none
Annual Out-of-pocket Max (Self-Only/Individual/Family)	$1,500 • $1,500 • $3,000
Preventive Care Services – Covered in Full 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	
Office or virtual visits, primary care • specialist	$30 • $30
Annual vision exam[1] • hearing exam[2]	covered in full • $30
Outpatient surgery (performed in office setting)	$30
Outpatient surgery (facility)	$100
Laboratory test • X-ray and diagnostic imaging	covered in full • covered in full
Imaging (CT/PET scans and MRIs)	covered in full
Hospital inpatient, facility (days) • professional	covered in full • covered in full
Behavioral health office or virtual visits	$30
Behavioral health outpatient/inpatient services	covered in full
Emergency room, facility (waived if admitted) • professional	$100 • covered in full
Urgent care virtual visit • Urgent care center	$30 • $30
Ambulance services	covered in full
Durable medical equipment	covered in full
Acupuncture • Chiropractic care[2], up to 20 visits per year	$15 • $15
INCLUDES PRESCRIPTION DRUG COVERAGE	**RX 10/30/50/100**
TIER 1 — TIER 3 (Retail 30-day supply)	$10 • $30 • $50
TIER 1 — TIER 3 (Home delivery 100-day supply)	$20 • $60 • $100
TIER 4 (Specialty 30-day supply)	$100

[1] When provided through Vision Service Plan (VSP) | [2] Copayments do not contribute to the medical out-of-pocket maximum

Elk Grove Unified School District

EGUSD

choosewha.com/EGUSD