



Sacramento Hispanic Chamber of Commerce

Plan Options

Effective June 1, 2011

Medical Benefits	Premier 20 Rx H	Advantage 420 Rx H	Western 4010 Rx W
Annual Deductible			
Medical	None	None	\$1,000 individual \$2,000 family
Pharmacy	None	None	\$150 per member, brand and non-preferred medications
Annual Out of Pocket Maximum			
Individual	\$1,500	\$2,500	\$4,000
Family	\$2,500	\$4,500	\$8,000
Professional / Outpatient Services			
Physician office visits	\$20 per visit	\$20 per visit	\$40 per visit
Periodic physical exams	Covered in full	Covered in full	Covered in full
Immunizations	Covered in full	Covered in full	Covered in full
Well baby care and well women	Covered in full	Covered in full	Covered in full
Maternity care, pre and post-natal visits	Covered in full	Covered in full	Covered in full
Eye and hearing exams	\$20 per visit	\$20 per visit	\$40 per visit
Breast, cervical, prostate and colorectal cancer screenings	Covered in full	Covered in full	Covered in full
Allergy testing / shots	\$20 per visit / \$5 per visit	\$20 per visit / \$5 per visit	\$40 per visit / \$5 per visit
Lab, X-ray and other tests	Covered in full	Covered in full	Covered in full
Outpatient surgery, office	\$20 per visit	\$20 per visit	\$40 per visit
Outpatient surgery, facility	\$100 per visit	\$100 per visit	\$250 per visit+
Hospitalization Services			
Facility fees	Covered in full	\$500 per day, 1-5 days	\$500 per day+
Professional inpatient services	Covered in full	Covered in full	Covered in full
Urgent and Emergency Services			
Physician's office	\$20 per visit	\$20 per visit	\$40 per visit
Urgent care center	\$35 per visit	\$35 per visit	\$50 per visit
Emergency room, waived if admitted	\$100 per visit	\$100 per visit	\$100 per visit+

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Behavioral Health Services			
Outpatient mental health and substance abuse	\$20 per visit	\$20 per visit	\$40 per visit
Inpatient mental health	Covered in full	\$500 per day, 1-5 days	\$500 per day+
Inpatient substance abuse for detoxification only	Covered in full	\$500 per day, 1-5 days	\$500 per day+
Chiropractic and Acupuncture			
Chiropractic, up to 20 visits	\$15 per visit	\$15 per visit	\$15 per visit
Acupuncture, up to 20 visits	\$15 per visit	\$15 per visit	\$15 per visit

Prescription Benefits	Rx H	Rx H	Rx W
Generic medications	\$10	\$10	\$10
Brand name medications	\$30	\$30	\$30+
Non-preferred medications	\$50	\$50	\$50+

Mail Order prescription services available (90 supply for 2.5 times the retail pharmacy copayment)

+ Services are subject to the annual deductible.

This benefit summary is for illustrative purposes only. Consult the applicable Copayment Summary and the WHA Combined Evidence of Coverage and Disclosure document for exact benefits, exclusions & limitations.



Sacramento Hispanic Chamber of Commerce

6/1/2011
95815
95%

Effective Date
Zip Code
Standard Risk Rates
 (groups with 2-5 enrolled employees)

(Region 1 - SACRAMENTO COUNTY)

Premier 20 (\$20 OV/100% Hosp) with Prescription H (\$10/30/50)				
	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
<30	\$308.97	\$655.59	\$751.66	\$1,111.12
30-39	\$351.88	\$759.36	\$816.51	\$1,283.26
40-49	\$415.66	\$903.75	\$852.41	\$1,376.56
50-54	\$562.30	\$1,124.28	\$999.12	\$1,525.47
55-59	\$679.82	\$1,322.03	\$1,127.51	\$1,672.37
60-64	\$825.75	\$1,617.57	\$1,324.18	\$1,974.47
65+	\$822.78	\$1,640.34	\$1,319.78	\$1,975.23

Advantage 420 (\$20 OV/\$500 per days 1-5 Hosp) with Prescription H (\$10/30/50)				
	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
<30	\$279.99	\$594.10	\$681.16	\$1,006.90
30-39	\$318.87	\$688.13	\$739.92	\$1,162.90
40-49	\$376.69	\$818.99	\$772.48	\$1,247.46
50-54	\$509.57	\$1,018.84	\$905.41	\$1,382.41
55-59	\$616.06	\$1,198.04	\$1,021.76	\$1,515.52
60-64	\$748.31	\$1,465.86	\$1,199.99	\$1,789.29
65+	\$745.62	\$1,486.49	\$1,196.01	\$1,789.98

Western 4010 (\$40 OV/\$500 per day Hospital/\$1000 Ded) with Rx Included				
	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
<30	\$212.25	\$450.36	\$516.36	\$763.28
30-39	\$241.73	\$521.64	\$560.90	\$881.54
40-49	\$285.55	\$620.83	\$585.57	\$945.63
50-54	\$386.28	\$772.32	\$686.35	\$1,047.93
55-59	\$467.01	\$908.18	\$774.55	\$1,148.84
60-64	\$567.25	\$1,111.20	\$909.66	\$1,356.38
65+	\$565.21	\$1,126.84	\$906.63	\$1,356.89

Rates are based upon each Chamber's focal renewal period during the plan year.
 Rates are for small group employers only, a group with 51+ employees will be rated individually.
 To qualify for the special Chamber pricing, the Employer must be a member of one of the WHA contracting Chambers of Commerce.
 Employers who currently have an agreement with WHA are not eligible for the Chamber programs.
 Rates exclude the following riders: Infertility, Mental Health Parity, and Healthy Roads Coaching.



Sacramento Hispanic Chamber of Commerce

6/1/2011
95815
90%

Effective Date
Zip Code
Standard Risk Rates
 (groups with 6-50 enrolled employees)

(Region 1 - SACRAMENTO COUNTY)

Premier 20 (\$20 OV/100% Hosp) with Prescription H (\$10/30/50)				
	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
<30	\$292.71	\$621.10	\$712.10	\$1,052.64
30-39	\$333.36	\$719.40	\$773.53	\$1,215.73
40-49	\$393.79	\$856.18	\$807.55	\$1,304.12
50-54	\$532.71	\$1,065.10	\$946.54	\$1,445.18
55-59	\$644.04	\$1,252.45	\$1,068.16	\$1,584.36
60-64	\$782.29	\$1,532.43	\$1,254.49	\$1,870.55
65+	\$779.47	\$1,553.99	\$1,250.32	\$1,871.27

Advantage 420 (\$20 OV/\$500 per days 1-5 Hosp) with Prescription H (\$10/30/50)				
	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
<30	\$265.26	\$562.84	\$645.31	\$953.91
30-39	\$302.10	\$651.93	\$700.99	\$1,101.71
40-49	\$356.86	\$775.88	\$731.81	\$1,181.80
50-54	\$482.75	\$965.21	\$857.76	\$1,309.64
55-59	\$583.64	\$1,134.99	\$967.98	\$1,435.77
60-64	\$708.92	\$1,388.70	\$1,136.83	\$1,695.11
65+	\$706.37	\$1,408.24	\$1,133.06	\$1,695.77

Western 4010 (\$40 OV/\$500 per day Hospital/\$1000 Ded) with Rx Included				
	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
<30	\$201.08	\$426.65	\$489.18	\$723.12
30-39	\$229.01	\$494.20	\$531.38	\$835.15
40-49	\$270.52	\$588.15	\$554.75	\$895.86
50-54	\$365.95	\$731.68	\$650.24	\$992.79
55-59	\$442.44	\$860.39	\$733.79	\$1,088.39
60-64	\$537.39	\$1,052.71	\$861.78	\$1,284.98
65+	\$535.47	\$1,067.53	\$858.92	\$1,285.49

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