



Western Health Advantage 2022 Medicare Plan Enrollment Packet

COMPARE PLANS. DISCOVER EXTRA BENEFITS.

Western Health
Advantage 
A better health plan.

Nonprofit. Doctor-Approved. Totally Focused on You.

Thank you for your interest in our new Medicare Advantage plans for 2022!

Western Health Advantage's Medicare Advantage plans give you the convenience of having one, easy-to-use plan that covers more than Original Medicare.

Our MyCare (HMO) and MyCare Plus (HMO) plans offer prescription drug coverage, along with additional benefits including hearing and vision exams, routine dental exams, insulin savings, diabetes management, meals following a hospital stay, fitness and wellness programs, and an over-the-counter (OTC) allowance.

Our plans were created in tandem with doctors, so you'll get flexibility and choice from a regional health care network of exceptional doctors, hospitals and medical groups. We protect the relationship you have with your doctors, resulting in faster decision-making and the support you need.

We're confident you will find a Medicare Advantage plan that is right for you, with the convenience, coverage and access to quality care you want. As a regional health plan, we're easily accessible, and here for you every step of the way.

On behalf of all of us at Western Health Advantage, we'd be honored to be your health plan of choice.

Sincerely,



Garry Maisel
President and Chief Executive Officer

IN THIS BOOKLET

Choose Western Health Advantage

- local service
- flexible network
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- quality hospitals

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- side-by-side comparison
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- drug formulary and network directory

Understanding MyCare and Medicare

- pre-enrollment checklist
- MyCare Summary of Benefits (SB)
- MyCare Plus Summary of Benefits (SB)

Enroll in Medicare Advantage with WHA

- enrollment form

**Western Health
Advantage** 
A better health plan.

[medicare.westernhealth.com](https://www.medicare.westernhealth.com)

Get the Medicare benefits you deserve from a name you can trust.

Medicare Advantage plans that keep care close to home.

Western Health Advantage is committed to providing personal, local care. We're based in the Greater Sacramento region, and created and managed by local doctors. There's no impersonal third party involved with your care decisions. Just you and doctors who know you best.

Freedom to choose.

With a Western Health Advantage Medicare plan, you choose from an extensive network of trusted physicians and hospitals, including Dignity Health's Mercy Medical Group and Woodland Clinic, Hill Physicians Medical Group, NorthBay Healthcare, Meritage Medical Network, and Providence Health Network.



The benefits you're looking for, including:

Plans as low as
\$0/month

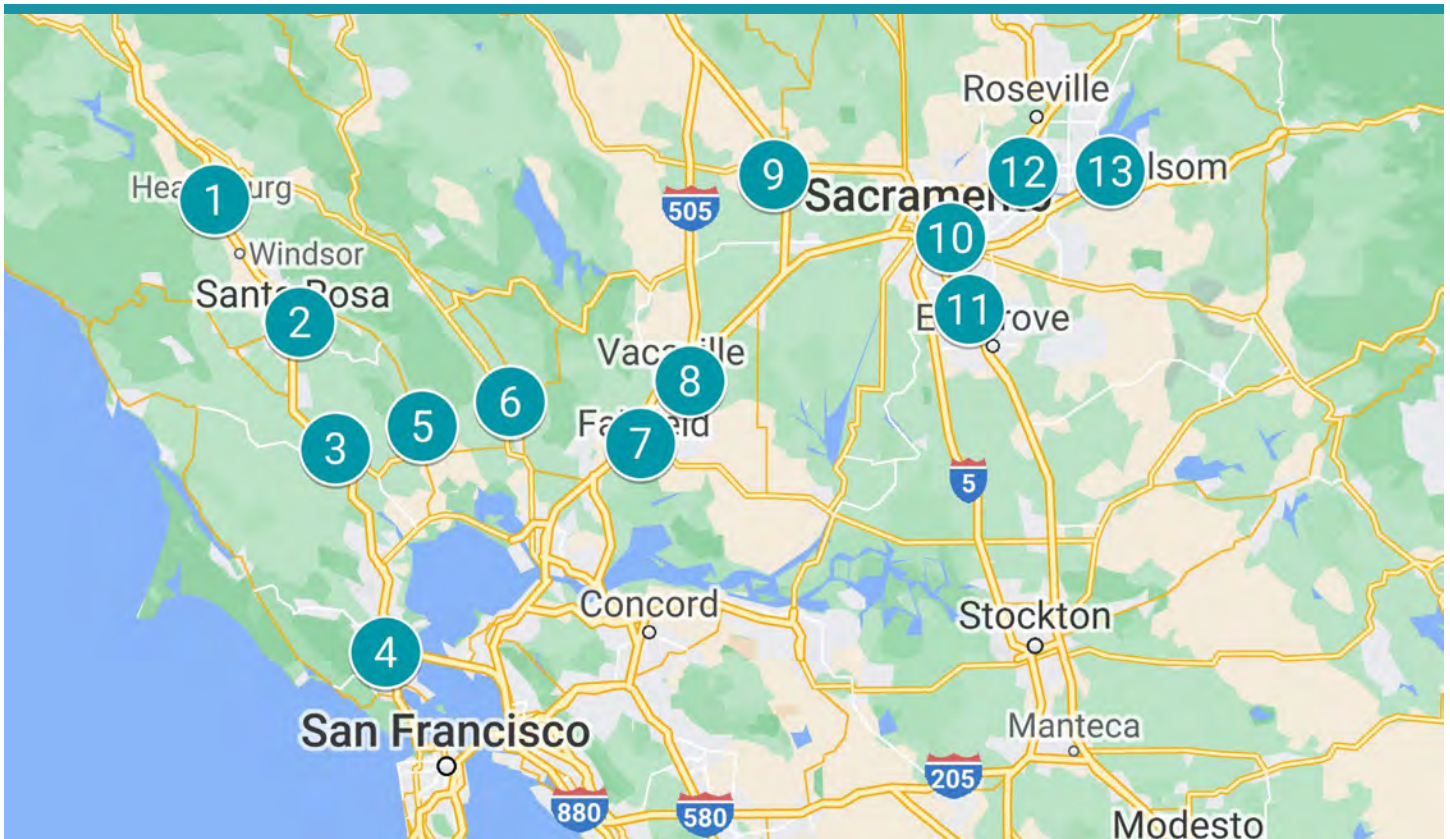
PCP copays
\$0

Coverage for
hearing, vision & dental care

Learn more about Western Health Advantage today!

Call **888.844.3072 (TTY: 711)**, Mon. – Fri., 8 a.m. to 8 p.m.; Sat., 8 a.m. to 6 p.m.

choosewha.com/Medicare



WHA Medicare Advantage plans are available to Medicare-eligible residents in Marin, Napa, Sacramento, Solano, Sonoma and Yolo counties. WHA is contracted with these hospitals and medical centers:

North Bay Area Facilities

- 1. Healdsburg District Hospital**
1375 University Avenue, Healdsburg 95448
- 2. Providence Santa Rosa Memorial Hospital**
1165 Montgomery Drive, Santa Rosa 95405
- 3. Petaluma Valley Hospital**
400 N McDowell Boulevard, Petaluma 94954
- 4. MarinHealth Medical Center**
250 Bon Air Road, Greenbrae 94904
- 5. Sonoma Valley Hospital**
347 Andrieux Street, Sonoma 95476
- 6. Providence Queen of the Valley Medical Center**
1000 Trancas Street, Napa 94558-2906

Solano County Facilities

- 7. NorthBay Medical Center**
1200 B Gale Wilson Boulevard, Fairfield 94533
- 8. NorthBay VacaValley Hospital**
1000 Nut Tree Road, Vacaville 95687

Sacramento Area Facilities

- 9. Woodland Memorial Hospital**
1325 Cottonwood Street, Woodland 95695
- 10. Mercy General Hospital**
4001 J Street, Sacramento 95819
- 11. Methodist Hospital of Sacramento**
7500 Hospital Drive, Sacramento 95823
- 12. Mercy San Juan Medical Center**
6501 Coyle Avenue, Carmichael 95608
- 13. Mercy Hospital of Folsom**
1650 Creekside Drive, Folsom 95630

Two great ways to get the benefits you deserve.

Medical plan copays

		MyCare (HMO)	MyCare Plus (HMO)
Monthly premium		\$0	\$99
Annual Part C deductible (excluding prescription drug costs)		\$0	\$0
Annual out-of-pocket limit		\$7,000	\$5,500
GENERAL CARE COPAYS			
Primary care physician (PCP)		\$0	\$0
Specialist		\$25	\$20
Telehealth		\$25	\$20
Urgent care		\$25	\$20
Emergency		\$90	\$90
INPATIENT CARE COPAYS			
Inpatient hospital	Days 1-6	\$265/day	\$175/day
	Days 7-90	\$0/day	\$0/day
Skilled nursing facility	Days 1-20	\$0/day	\$0/day
	Days 21-100	\$150/day	\$150/day
OUTPATIENT CARE COPAYS			
Hospital surgery		\$250	\$200
Ambulance		\$250	\$250
Radiological diagnostic services		\$60	\$50
Diagnostic tests		\$10	\$0
Lab services		\$0	\$0
X-rays		\$10	\$0
WELLNESS COPAYS & BENEFITS			
Medicare-covered preventive services		\$0	\$0
Vision (routine eye exams)		\$25	\$20
Eyewear allowance (contact lenses, eye glasses)		\$100/2 years	\$200/2 years
Hearing (routine exams)		\$0	\$0
Hearing Aid (includes fitting/evaluation) \$699 Advanced Model/\$999 Premium Model. (2 hearing aids per year)		\$0	\$0
Dental (routine exams, cleanings, x-rays)		\$0	\$0
Chiropractic services*		\$20	\$20
Acupuncture*		\$20	\$20
Fitness benefit		0% coinsurance	0% coinsurance
Meals (post-discharge) up to 56 meals (4x per year)		\$0	\$0
Over-the-counter allowance (for health-related items)		\$50/quarter	\$100/quarter

* Annual visit limits apply.

You must continue to pay your Medicare Part B premium.

Prescription drug copays

	MyCare (HMO)			MyCare Plus (HMO)		
ANNUAL DEDUCTIBLE	\$0			\$0		
	1 month	2 months	3 months	1 month	2 months	3 months
Tier 1: Preferred generic	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2: Generic	\$5	\$10	\$15	\$5	\$10	\$15
Tier 3: Preferred brand	\$40	\$80	\$120	\$35	\$70	\$105
Tier 4: Non-preferred brand	\$100	\$200	\$300	\$90	\$180	\$270
Tier 5: Specialty	33%	33%	33%	33%	33%	33%
Tier 6: Vaccines	\$0	NA	NA	\$0	NA	NA

Insulin Savings Program: **\$35 copay or less for a 30-day supply on select insulin.**

NEW VALUE-ADDED BENEFITS FOR 2022



\$0 preventive/\$25 comprehensive copay
Routine exams and cleanings, X-rays twice a year



Up to two hearing aids every 12 months (copays vary)
Fitting, evaluation and follow-up visits; plus free batteries



Delivery of up to 56 meals, following a hospital stay, four times per year

INDIVIDUAL ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN (PART C)

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional – you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Submit your completed and signed form using one of the three options below:

Western Health Advantage Mail Service
Attn: Membership Accounting
P.O. Box 5648
Portland, OR 97228-5648

Scan and fax pages to: 916.678.5441

Scan and email pages to:
MAEnrollment@westernhealth.com

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call Western Health Advantage at 916.246.7494 or 888.992.7494. TTY users can call 711.

Or, call Medicare at 1.800.MEDICARE (1.800.633.4227). TTY users can call 1.877.486.2048.

En español: Llame a Western Health Advantage al 916.246.7494 or 888.992.7494/TTY: 711 o a Medicare gratis al 1.800.633.4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

Section 1 - All fields on this page are required (unless marked optional)

Select the plan you want to join:

- Western Health Advantage MyCare (HMO) - \$0 per month
- Western Health Advantage MyCare Plus (HMO) - \$99 per month

_____ FIRST name _____ LAST name _____ MIDDLE initial
 / /

Birth date: (MM/DD/YYYY) Sex: Male Female _____ Phone number

_____ Permanent Residence street address (Don't enter a PO Box)

_____ City _____ County _____ State _____ ZIP Code

_____ Email Address

_____ Mailing address, if different from your permanent address (PO Box allowed)

_____ City _____ State _____ Zip code

Your Medicare information:

_____ - _____ Medicare Number _____ / ____ / ____ Hospital (Part A) Effective Date _____ / ____ / ____ Medical (Part B) Effective Date

Answer these important questions:

Will you have other coverage in addition to Western Health Advantage? Yes No

Some individuals may have other coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits or State pharmaceutical assistance programs.

If “yes,” please list your other coverage and your identification (ID) number for this coverage.

Name of other coverage

ID number for this coverage

Group number for this coverage

Check all that apply: Medical Vision Dental Prescription

IMPORTANT – Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Western Health Advantage.
- By joining this Medicare Advantage Plan or Medicare Prescription Drug Plan, I acknowledge that Western Health Advantage will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my Western Health Advantage coverage begins, I must get all of my medical and prescription drug benefits from Western Health Advantage. Benefits and services provided by Western Health Advantage and contained in my Western Health Advantage “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Western Health Advantage will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.

Signature

____/____/____
Today's date

If you're the authorized representative, sign above and fill out these fields:

Name

Phone number

Address

Relationship to enrollee

AGENT USE ONLY

Agent or agency name _____ Date ____/____/____
Agent or agency WHA ID# _____ (____) _____
Agent phone number _____ Agent email address _____
Date application received by agent ____/____/____ Requested date of coverage ____/____/____

Agent signature: _____

With my signature, I hereby certify that I have read and understand the CMS Medicare Communications and Marketing Guidelines and Enrollment rules and confirm the enrollee has received a complete enrollment kit. I agree that this enrollment of a Medicare beneficiary has complied with these rules.

Section 2 – All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Do you want us to send your information in Spanish? Yes No

Select one if you want us to send you information in an accessible format.

Braille Large print Audio CD

Please contact Western Health Advantage at 888.563.2250 or 916.563.2250 if you need information in an accessible format other than what's listed above. Our office hours are seven days a week, 8 a.m. to 8 p.m. TTY users can call 711.

Do you work? Yes No Does your spouse work? Yes No

List your Primary Care Provider (PCP) name and/or ID number:

WHA Provider ID #: _____ Medical Group: _____

Existing patient of this provider? Yes No

Paying your plan premiums

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay Western Health Advantage the Part D-IRMAA.

Please select a premium payment option:

- Get a monthly bill – Once you receive your first bill, you can choose a different payment option:
- You can pay by credit/debit card or checking/savings account: One-time or recurring payments can be made via your myWHA account at mywha.org/MyCareLogin.
 - You can pay by phone: Self Service is available 24 hours a day, 7 days a week, at 844.343.1318, TTY: 711.
- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: Social Security RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. You may receive an invoice for the first few months before the withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a letter and paper bill for your monthly premiums.)

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the Annual Enrollment Period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you.

By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am new to Medicare.
- I am leaving employer or union coverage on (insert date): ____/____/____
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date): ____/____/____
- I am enrolling during the Annual Enrollment Period (October 15-December 7) or Special Enrollment Period.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP) (January 1-March 31).
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date): ____/____/____
- I recently received notice of a Medicare entitlement determination for a retroactive effective date. I was notified on (insert date): ____/____/____
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date): ____/____/____
- I belong to a pharmacy assistance program provided by my state.
- I recently left a PACE program on (insert date): ____/____/____
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date): ____/____/____
- I recently was released from incarceration. I was released on (insert date): ____/____/____
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date): ____/____/____
- I recently obtained lawful presence status in the United States. I got this status on (insert date): ____/____/____

- I was enrolled in a Special Needs Plan (SNP) but I lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on
(insert date): ____/____/____
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on
(insert date): ____/____/____
- My plan is ending its contract with Medicare
(insert date): ____/____/____
- Medicare is ending its contract with my plan
(insert date): ____/____/____
- I was impacted by a significant network change with my current plan and was notified on
(insert date): ____/____/____
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into the facility on (insert date): ____/____/____
I moved/will move out of the facility on (insert date): ____/____/____
- I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state, or local government entity). One of the other statements here applied to me, but I was unable to make my enrollment because of the disaster.
If you checked this box, please provide the following information:
Name of disaster: _____
Eligibility period missed (for example: initial enrollment period, annual enrollment period, open enrollment period, or special enrollment period): _____

If none of these statements applies to you or you're not sure, please contact Western Health Advantage at 888.563.2250 or 916.563.2250 (TTY users should call 711) to see if you are eligible to enroll. We are open seven days a week, 8 a.m. to 8 p.m.

2022 Summary of Benefits

Western Health Advantage MyCare (HMO)

January 1, 2022 – December 31, 2022

This plan is available in Marin, Napa, Sacramento, Solano, Sonoma and Yolo counties in Northern California.

When you choose **Western Health Advantage MyCare (HMO)**, you get a Medicare Advantage plan that supports your ongoing health and well-being. Western Health Advantage is a nonprofit HMO plan founded by doctors on the front lines of patient care. For over 20 years, we've been recognized for providing quality, affordable health care to Northern California residents. We offer exceptional care through a broad network of doctors and hospitals where over 100,000 members benefit from comprehensive personalized care. Our responsive support team is available to answer questions and ensure you get the care you need.

To help you make the right health care decisions, we're providing this summary of benefits that breaks down what we would cover and what you would pay if you joined Western Health Advantage MyCare (HMO).

This booklet gives you a summary of what Western Health Advantage MyCare (HMO) covers and what you pay. It does not list every service that we cover or list every limitation or exclusion. For a complete list of services that we cover, please refer to the Evidence of Coverage (EOC). You can request a printed copy by visiting mywha.org/MyCareEOC or by calling our Member Services department at one of the numbers listed in the "Get in touch" section below.

Plan overview

Our plan members get all of the benefits covered by Original Medicare as well as some extra benefits outlined in this summary.

Who can join?

To join our plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes **Marin, Napa, Sacramento, Solano, Sonoma and Yolo counties in Northern California.**

Get in touch

Questions? We're here to help seven days a week from 8 a.m. to 8 p.m.

- If you're a member of this plan, call us toll-free at 1.888.563.2250 (TTY 711)
- If you're not a member of this plan, call us toll-free at 1.888.992.7494 (TTY 711)
- You can also visit us online at medicare.westernhealth.com

Helpful resources

- Visit mywha.org/MyCaredoctors to see our plan's Provider and Pharmacy Directory or to request a printed copy. You can also call us to have a printed copy mailed to you.
- Want to see our plan's formulary (list of Part D prescription drugs), including any restrictions? Visit mywha.org/MyCareDrugList, or call us for a printed copy.
- To learn more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook, view it online at www.Medicare.gov or request a printed copy by calling 1.800.MEDICARE (1.800.633.4227), 24 hours a day, seven days a week. TTY users should call 1.877.486.2048.

Western Health Advantage is an HMO plan with a Medicare contract. Enrollment in Western Health Advantage depends on contract renewal. This information is not a complete description of benefits. Western Health Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Medical Benefits

Western Health Advantage MyCare (HMO)

Monthly Plan Premium	\$0 You must continue to pay your Medicare Part B premium.
Deductible	\$0 There is no yearly deductible for medical services.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) for this plan:
	In-network: \$7,000
Benefits	What You Pay
Inpatient Hospital Coverage ¹	\$265 copay per day for days 1-6 of a benefit period
	\$0 copay per day for days 7-90 of a benefit period
Outpatient Hospital Coverage ¹	\$250 copay for outpatient surgery at a hospital facility
Ambulatory Surgery Center ¹	\$200 copay for outpatient surgery at an Ambulatory Surgery Center
Doctor Visits	Primary Care Provider visit \$0 copay
	Specialist visit ^{1,2} \$25 copay
Preventive Care	\$0 copay
Emergency Care	\$90 copay Copay is waived if you are admitted to the hospital within 24 hours for the same condition.
Urgently Needed Services	\$25 copay Copay is waived if you are admitted to the hospital within 24 hours for the same condition.

¹ Services may require prior authorization.

² Services may require a referral from your doctor.

Medical Benefits

Western Health Advantage MyCare (HMO)

Benefits		What You Pay
Diagnostic Services/ Labs/Imaging^{1,2}	Diagnostic radiology services (e.g. MRI, ultrasounds, CT scans)	\$60 copay per day
	Therapeutic radiology services	\$60 copay per day
	Outpatient X-rays	\$10 copay per day
	Diagnostic tests and procedures	\$10 copay per day
	Lab services	\$0 copay
Hearing Services²	Medicare-covered	\$25 copay
	Routine hearing exams	\$0 copay for 1 routine hearing exam every year with a TruHearing provider \$0 copay for an unlimited number of hearing aid fitting and evaluation visits every year following the purchase of a hearing aid
	Hearing Aids	\$699 copay per aid for an Advanced hearing aid; \$999 copay per aid for a Premium hearing aid; Up to 2 TruHearing-branded hearing aids every year - one per ear per year; \$50 additional cost per aid for optional hearing aid rechargeability
Dental Services¹	Medicare-covered	\$25 copay
	Preventive (supplemental)	\$0 copay Includes exams, cleanings, X-rays, fluoride treatments; limits apply
	Comprehensive (supplemental)	\$0 to \$775 copay Includes diagnostic and restorative services, endodontics, periodontics, prosthodontics, extractions, and oral surgery; limits apply

¹ Services may require prior authorization.

² Services may require a referral from your doctor.

Medical Benefits

Western Health Advantage MyCare (HMO)

Benefits		What You Pay
Vision Services	Medicare-covered exams/screening	\$25 copay per exam \$0 copay for a glaucoma screening once per year
	Routine exam	\$25 copay for 1 routine vision exam, including refraction, every year
	Medicare-covered eyewear	\$25 copay
	Routine eyeglasses or contact lenses	Plan will pay up to \$100 for routine eye wear (contact lenses, eyeglass frames and/or eyeglass lenses) every two years
Mental Health Services	Inpatient visit ¹	\$265 copay per day for days 1-6 of a benefit period \$0 copay per day for days 7-90 of a benefit period
	Outpatient individual and group therapy visit	\$35 copay
Skilled Nursing Facility ¹		\$0 copay per day for days 1-20; \$150 copay per day for days 21-100 per benefit period; Inpatient hospital stay is not required prior to admission.
Physical therapy ^{1,2}		\$25 copay
Ambulance ¹		\$250 copay for each one-way transport
Non-emergent transportation		Not covered
Medicare Part B drugs ¹		20% of the contracted rate

¹ Services may require prior authorization.

² Services may require a referral from your doctor.

Prescription Drug Benefits

Western Health Advantage MyCare (HMO)

Prescription Drug Deductible	
Deductible	There is no yearly prescription drug deductible for this plan.

Initial Coverage	You pay the following until your total yearly drug costs reach \$4,430 . Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail-order pharmacies.
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Standard and Preferred Retail Cost Sharing			
	Up to 30 days	Up to 60 days	Up to 90 days
Tier 1 (Preferred Generic)	Standard: \$0 copay Preferred: \$0 copay	Standard: \$0 copay Preferred: \$0 copay	Standard: \$0 copay Preferred: \$0 copay
Tier 2 (Generic)*	Standard: \$10 copay (\$10 for Select Insulins) Preferred: \$5 copay (\$5 for Select Insulins)	Standard: \$20 copay (\$20 for Select Insulins) Preferred: \$10 copay (\$10 for Select Insulins)	Standard: \$30 copay (\$30 for Select Insulins) Preferred: \$15 copay (\$15 for Select Insulins)
Tier 3 (Preferred Brand)*	Standard: \$47 copay (\$35 for Select Insulins) Preferred: \$40 copay (\$35 for Select Insulins)	Standard: \$94 copay (\$70 for Select Insulins) Preferred: \$80 copay (\$70 for Select Insulins)	Standard: \$141 copay (\$105 for Select Insulins) Preferred: \$120 copay (\$105 for Select Insulins)
Tier 4 (Non-Preferred Drug)	Standard: \$100 copay Preferred: \$100 copay	Standard: \$200 copay Preferred: \$200 copay	Standard: \$300 copay Preferred: \$300 copay
Tier 5 (Specialty)	Standard: 33% of the total cost Preferred: 33% of the total cost	Not covered	Not covered

Prescription Drug Benefits

Western Health Advantage MyCare (HMO)

	Up to 30 days	Up to 60 days	Up to 90 days
Tier 6 (Vaccines)	Standard: \$0 copay Preferred: \$0 copay	Not covered	Not covered

* The Select Insulins are formulary insulins that are covered in Tiers 2 and 3 of our Drug List and are being used for a diagnosis covered under Part D. Please note that if your insulin is being administered through a Part B covered insulin pump, then the insulin must be covered under Part B and will not be eligible for the Part D copays.

Mail-Order Cost Sharing			
	Up to 30 days	Up to 60 days	Up to 90 days
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)*	\$10 copay (\$10 for Select Insulins)	\$20 copay (\$20 for Select Insulins)	\$25 copay (\$25 for Select Insulins)
Tier 3 (Preferred Brand)*	\$47 copay (\$35 for Select Insulins)	\$94 copay (\$70 for Select Insulins)	\$117.50 copay (\$105 for Select Insulins)
Tier 4 (Non-Preferred Drug)	\$100 copay	\$200 copay	\$250 copay
Tier 5 (Specialty)	33% of the total cost	Not covered	Not covered
Tier 6 (Vaccines)	Mail order is not available for drugs in Tier 6.	Mail order is not available for drugs in Tier 6.	Mail order is not available for drugs in Tier 6.

* The Select Insulins are formulary insulins that are covered in Tiers 2 and 3 of our Drug List and are being used for a diagnosis covered under Part D. Please note that if your insulin is being administered through a Part B covered insulin pump, then the insulin must be covered under Part B and will not be eligible for the Part D copays.

If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy. You may get drugs from a standard in-network pharmacy, but may pay more than you pay at a preferred in-network pharmacy.

Prescription Drug Benefits

Western Health Advantage MyCare (HMO)

<p>Coverage Gap (Applies to all tiers)</p>	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for the drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,430.</p> <p>After you enter the coverage gap, for Tier 1 (Preferred Generic) drugs at a Preferred Retail Pharmacy you continue to pay your Tier 1 cost share, and at a Standard Retail Pharmacy you pay \$5 for up to 30 days, \$10 for up to 60 days, and \$15 for up to 90 days. You continue to pay your Tier 6 cost share for Tier 6 (Vaccines) drugs, 25% of the plan's cost for the covered brand name drugs, and 25% of the plan's cost for other covered generic drugs until your costs total \$7,050, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
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Standard and Preferred Retail Cost Sharing

	Up to 30 days	Up to 60 days	Up to 90 days
Tier 1 (Preferred Generic)	Standard: \$5 copay Preferred: \$0 copay	Standard: \$10 copay Preferred: \$0 copay	Standard: \$15 copay Preferred: \$0 copay
Tier 2 (Generic)*	Standard: 25% of the total cost (\$10 for Select Insulins) Preferred: 25% of the total cost (\$5 for Select Insulins)	Standard: 25% of the total cost (\$20 for Select Insulins) Preferred: 25% of the total cost (\$10 for Select Insulins)	Standard: 25% of the total cost (\$30 for Select Insulins) Preferred: 25% of the total cost (\$15 for Select Insulins)
Tier 3 (Preferred Brand)*	Standard: 25% of the total cost (\$35 for Select Insulins) Preferred: 25% of the total cost (\$35 for Select Insulins)	Standard: 25% of the total cost (\$70 for Select Insulins) Preferred: 25% of the total cost (\$70 for Select Insulins)	Standard: 25% of the total cost (\$105 for Select Insulins) Preferred: 25% of the total cost (\$105 for Select Insulins)
Tier 4 (Non-Preferred Drug)	25% of the total cost	25% of the total cost	25% of the total cost
Tier 5 (Specialty)	25% of the total cost	Not covered	Not covered
Tier 6 (Vaccines)	Standard: \$0 copay Preferred: \$0 copay	Not covered	Not covered

Prescription Drug Benefits

Western Health Advantage MyCare (HMO)

* The Select Insulins are formulary insulins that are covered in Tiers 2 and 3 of our Drug List and are being used for a diagnosis covered under Part D. Please note that if your insulin is being administered through a Part B covered insulin pump, then the insulin must be covered under Part B and will not be eligible for the Part D copays.

Mail-Order Cost Sharing			
	Up to 30 days	Up to 60 days	Up to 90 days
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)*	25% of the total cost (\$10 for Select Insulins)	25% of the total cost (\$20 for Select Insulins)	25% of the total cost (\$25 for Select Insulins)
Tier 3 (Preferred Brand)*	25% of the total cost (\$35 for Select Insulins)	25% of the total cost (\$70 for Select Insulins)	25% of the total cost (\$105 for Select Insulins)
Tier 4 (Non-Preferred Drug)	25% of the total cost	25% of the total cost	25% of the total cost
Tier 5 (Specialty)	25% of the total cost	Not covered	Not covered
Tier 6 (Vaccines)	Mail order is not available for drugs in Tier 6.	Mail order is not available for drugs in Tier 6.	Mail order is not available for drugs in Tier 6.

* The Select Insulins are formulary insulins that are covered in Tiers 2 and 3 of our Drug List and are being used for a diagnosis covered under Part D. Please note that if your insulin is being administered through a Part B covered insulin pump, then the insulin must be covered under Part B and will not be eligible for the Part D copays.

If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy. You may get drugs from a standard in-network pharmacy, but may pay more than you pay at a preferred in-network pharmacy.

Catastrophic Coverage (Applies to all tiers)	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050 , you pay the greater of: 5% of the cost or \$3.95 copayment for generic (including brand drugs treated as generic) or a \$9.85 copayment for all other drugs.
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Medical Benefits

Western Health Advantage MyCare (HMO)

Benefits (continued)	What You Pay
Annual physical exam	\$0 copay
Durable Medical Equipment ¹	20% of the contracted rate
Fitness benefit	\$0 copay for access to a variety of fitness centers, virtual coaching and on-line resources through Silver&Fit.
Meals	\$0 copay for 2 meals per day for 4 weeks immediately following discharge from a skilled nursing facility, hospital, or rehabilitation center. Total maximum of 56 meals after each discharge for up to 4 times per year.
Over-the-Counter items	Plan covers up to \$50 every three months. Unused portions do not carry over to the next quarter.
Routine chiropractic and acupuncture services	\$20 copay for up to 10 routine visits each year (routine chiropractic and acupuncture services combined)

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

¹ Services may require prior authorization.

² Services may require a referral from your doctor.

2022 Summary of Benefits

Western Health Advantage MyCare Plus (HMO)

January 1, 2022 – December 31, 2022

This plan is available in Marin, Napa, Sacramento, Solano, Sonoma and Yolo counties in Northern California.

When you choose **Western Health Advantage MyCare Plus (HMO)**, you get a Medicare Advantage plan that supports your ongoing health and well-being. Western Health Advantage is a nonprofit HMO plan founded by doctors on the front lines of patient care. For over 20 years, we've been recognized for providing quality, affordable health care to Northern California residents. We offer exceptional care through a broad network of doctors and hospitals where over 100,000 members benefit from comprehensive personalized care. Our responsive support team is available to answer questions and ensure you get the care you need.

To help you make the right health care decisions, we're providing this summary of benefits that breaks down what we would cover and what you would pay if you joined Western Health Advantage MyCare Plus (HMO).

This booklet gives you a summary of what Western Health Advantage MyCare Plus (HMO) covers and what you pay. It does not list every service that we cover or list every limitation or exclusion. For a complete list of services that we cover, please refer to the Evidence of Coverage (EOC). You can request a printed copy by visiting mywha.org/MyCareEOC or by calling our Member Services department at one of the numbers listed in the "Get in touch" section below.

Plan overview

Our plan members get all of the benefits covered by Original Medicare as well as some extra benefits outlined in this summary.

Who can join?

To join our plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes **Marin, Napa, Sacramento, Solano, Sonoma and Yolo counties in Northern California.**

Get in touch

Questions? We're here to help seven days a week from 8 a.m. to 8 p.m.

- If you're a member of this plan, call us toll-free at 1.888.563.2250 (TTY 711)
- If you're not a member of this plan, call us toll-free at 1.888.992.7494 (TTY 711)
- You can also visit us online at medicare.westernhealth.com

Helpful resources

- Visit mywha.org/MyCaredoctors to see our plan's Provider and Pharmacy Directory or to request a printed copy. You can also call us to have a printed copy mailed to you.
- Want to see our plan's formulary (list of Part D prescription drugs), including any restrictions? Visit mywha.org/MyCareDrugList, or call us for a printed copy.
- To learn more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook, view it online at www.Medicare.gov or request a printed copy by calling 1.800.MEDICARE (1.800.633.4227), 24 hours a day, seven days a week. TTY users should call 1.877.486.2048.

Western Health Advantage is an HMO plan with a Medicare contract. Enrollment in Western Health Advantage depends on contract renewal. This information is not a complete description of benefits. Western Health Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Medical Benefits

Western Health Advantage MyCare Plus (HMO)

Monthly Plan Premium	\$99 In addition, you must continue to pay your Medicare Part B premium.
Deductible	\$0 There is no yearly deductible for medical services.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) for this plan:
	In-network: \$5,500
Benefits	What You Pay
Inpatient Hospital Coverage ¹	\$175 copay per day for days 1-6 of a benefit period
	\$0 copay per day for days 7-90 of a benefit period
Outpatient Hospital Coverage ¹	\$200 copay for outpatient surgery at a hospital facility
Ambulatory Surgery Center ¹	\$100 copay for outpatient surgery at an Ambulatory Surgery Center
Doctor Visits	Primary Care Provider visit \$0 copay
	Specialist visit ^{1,2} \$20 copay
Preventive Care	\$0 copay
Emergency Care	\$90 copay Copay is waived if you are admitted to the hospital within 24 hours for the same condition.
Urgently Needed Services	\$20 copay Copay is waived if you are admitted to the hospital within 24 hours for the same condition.

¹ Services may require prior authorization.

² Services may require a referral from your doctor.

Medical Benefits

Western Health Advantage MyCare Plus (HMO)

Benefits		What You Pay
Diagnostic Services/ Labs/Imaging^{1,2}	Diagnostic radiology services (e.g. MRI, ultrasounds, CT scans)	\$50 copay per day
	Therapeutic radiology services	\$50 copay per day
	Outpatient X-rays	\$0 copay
	Diagnostic tests and procedures	\$0 copay
	Lab services	\$0 copay
Hearing Services²	Medicare-covered	\$20 copay
	Routine hearing exams	\$0 copay for 1 routine hearing exam every year with a TruHearing provider \$0 copay for an unlimited number of hearing aid fitting and evaluation visits every year following the purchase of a hearing aid
	Hearing Aids	\$699 copay per aid for an Advanced hearing aid; \$999 copay per aid for a Premium hearing aid; Up to 2 TruHearing-branded hearing aids every year - one per ear per year; \$50 additional cost per aid for optional hearing aid rechargeability
Dental Services¹	Medicare-covered	\$20 copay
	Preventive (supplemental)	\$0 copay Includes exams, cleanings, X-rays, fluoride treatments; limits apply
	Comprehensive (supplemental)	\$0 to \$775 copay Includes diagnostic and restorative services, endodontics, periodontics, prosthodontics, extractions, and oral surgery; limits apply

¹ Services may require prior authorization.

² Services may require a referral from your doctor.

Medical Benefits

Western Health Advantage MyCare Plus (HMO)

Benefits		What You Pay
Vision Services	Medicare-covered exams/screening	\$20 copay per exam \$0 copay for a glaucoma screening once per year
	Routine exam	\$20 copay for 1 routine vision exam, including refraction, every year
	Medicare-covered eyewear	\$20 copay
	Routine eyeglasses or contact lenses	Plan will pay up to \$200 for routine eye wear (contact lenses, eyeglass frames and/or eyeglass lenses) every two years
Mental Health Services	Inpatient visit ¹	\$175 copay per day for days 1-6 of a benefit period \$0 copay per day for days 7-90 of a benefit period
	Outpatient individual and group therapy visit	\$35 copay
Skilled Nursing Facility ¹		\$0 copay per day for days 1-20; \$150 copay per day for days 21-100 per benefit period; Inpatient hospital stay is not required prior to admission.
Physical therapy ^{1,2}		\$0 copay
Ambulance ¹		\$250 copay for each one-way transport
Non-emergent transportation		Not covered
Medicare Part B drugs ¹		20% of the contracted rate

¹ Services may require prior authorization.

² Services may require a referral from your doctor.

Prescription Drug Benefits

Western Health Advantage MyCare Plus (HMO)

Prescription Drug Deductible			
Deductible	There is no yearly prescription drug deductible for this plan.		
Initial Coverage	You pay the following until your total yearly drug costs reach \$4,430 . Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail-order pharmacies.		
Standard and Preferred Retail Cost Sharing			
	Up to 30 days	Up to 60 days	Up to 90 days
Tier 1 (Preferred Generic)	Standard: \$0 copay Preferred: \$0 copay	Standard: \$0 copay Preferred: \$0 copay	Standard: \$0 copay Preferred: \$0 copay
Tier 2 (Generic)*	Standard: \$10 copay (\$10 for Select Insulins) Preferred: \$5 copay (\$5 for Select Insulins)	Standard: \$20 copay (\$20 for Select Insulins) Preferred: \$10 copay (\$10 for Select Insulins)	Standard: \$30 copay (\$30 for Select Insulins) Preferred: \$15 copay (\$15 for Select Insulins)
Tier 3 (Preferred Brand)*	Standard: \$45 copay (\$35 for Select Insulins) Preferred: \$35 copay (\$35 for Select Insulins)	Standard: \$90 copay (\$70 for Select Insulins) Preferred: \$70 copay (\$70 for Select Insulins)	Standard: \$135 copay (\$105 for Select Insulins) Preferred: \$105 copay (\$105 for Select Insulins)
Tier 4 (Non-Preferred Drug)	Standard: \$100 copay Preferred: \$90 copay	Standard: \$200 copay Preferred: \$180 copay	Standard: \$300 copay Preferred: \$270 copay
Tier 5 (Specialty)	Standard: 33% of the total cost Preferred: 33% of the total cost	Not covered	Not covered

Prescription Drug Benefits

Western Health Advantage MyCare Plus (HMO)

	Up to 30 days	Up to 60 days	Up to 90 days
Tier 6 (Vaccines)	Standard: \$0 copay Preferred: \$0 copay	Not covered	Not covered

* The Select Insulins are formulary insulins that are covered in Tiers 2 and 3 of our Drug List and are being used for a diagnosis covered under Part D. Please note that if your insulin is being administered through a Part B covered insulin pump, then the insulin must be covered under Part B and will not be eligible for the Part D copays.

Mail-Order Cost Sharing			
	Up to 30 days	Up to 60 days	Up to 90 days
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)*	\$10 copay (\$10 for Select Insulins)	\$20 copay (\$20 for Select Insulins)	\$25 copay (\$25 for Select Insulins)
Tier 3 (Preferred Brand)*	\$45 copay (\$35 for Select Insulins)	\$90 copay (\$70 for Select Insulins)	\$112.50 copay (\$105 for Select Insulins)
Tier 4 (Non-Preferred Drug)	\$100 copay	\$200 copay	\$250 copay
Tier 5 (Specialty)	33% of the total cost	Not covered	Not covered
Tier 6 (Vaccines)	Mail order is not available for drugs in Tier 6.	Mail order is not available for drugs in Tier 6.	Mail order is not available for drugs in Tier 6.

* The Select Insulins are formulary insulins that are covered in Tiers 2 and 3 of our Drug List and are being used for a diagnosis covered under Part D. Please note that if your insulin is being administered through a Part B covered insulin pump, then the insulin must be covered under Part B and will not be eligible for the Part D copays.

If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy. You may get drugs from a standard in-network pharmacy, but may pay more than you pay at a preferred in-network pharmacy.

Prescription Drug Benefits

Western Health Advantage MyCare Plus (HMO)

<p>Coverage Gap (Applies to all tiers)</p>	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for the drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,430.</p> <p>After you enter the coverage gap, for Tier 1 (Preferred Generic) drugs at a Preferred Retail Pharmacy you continue to pay your Tier 1 cost share, and at a Standard Retail Pharmacy you pay \$5 for up to 30 days, \$10 for up to 60 days, and \$15 for up to 90 days. You continue to pay your Tier 6 cost share for Tier 6 (Vaccines) drugs, 25% of the plan's cost for the covered brand name drugs, and 25% of the plan's cost for other covered generic drugs until your costs total \$7,050, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
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Standard and Preferred Retail Cost Sharing

	Up to 30 days	Up to 60 days	Up to 90 days
Tier 1 (Preferred Generic)	Standard: \$5 copay Preferred: \$0 copay	Standard: \$10 copay Preferred: \$0 copay	Standard: \$15 copay Preferred: \$0 copay
Tier 2 (Generic)*	Standard: 25% of the total cost (\$10 for Select Insulins) Preferred: 25% of the total cost (\$5 for Select Insulins)	Standard: 25% of the total cost (\$20 for Select Insulins) Preferred: 25% of the total cost (\$10 for Select Insulins)	Standard: 25% of the total cost (\$30 for Select Insulins) Preferred: 25% of the total cost (\$15 for Select Insulins)
Tier 3 (Preferred Brand)*	Standard: 25% of the total cost (\$35 for Select Insulins) Preferred: 25% of the total cost (\$35 for Select Insulins)	Standard: 25% of the total cost (\$70 for Select Insulins) Preferred: 25% of the total cost (\$70 for Select Insulins)	Standard: 25% of the total cost (\$105 for Select Insulins) Preferred: 25% of the total cost (\$105 for Select Insulins)
Tier 4 (Non-Preferred Drug)	25% of the total cost	25% of the total cost	25% of the total cost
Tier 5 (Specialty)	25% of the total cost	Not covered	Not covered
Tier 6 (Vaccines)	Standard: \$0 copay Preferred: \$0 copay	Not covered	Not covered

Prescription Drug Benefits

Western Health Advantage MyCare Plus (HMO)

* The Select Insulins are formulary insulins that are covered in Tiers 2 and 3 of our Drug List and are being used for a diagnosis covered under Part D. Please note that if your insulin is being administered through a Part B covered insulin pump, then the insulin must be covered under Part B and will not be eligible for the Part D copays.

Mail-Order Cost Sharing			
	Up to 30 days	Up to 60 days	Up to 90 days
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)*	25% of the total cost (\$10 for Select Insulins)	25% of the total cost (\$20 for Select Insulins)	25% of the total cost (\$25 for Select Insulins)
Tier 3 (Preferred Brand)*	25% of the total cost (\$35 for Select Insulins)	25% of the total cost (\$70 for Select Insulins)	25% of the total cost (\$105 for Select Insulins)
Tier 4 (Non-Preferred Drug)	25% of the total cost	25% of the total cost	25% of the total cost
Tier 5 (Specialty)	25% of the total cost	Not covered	Not covered
Tier 6 (Vaccines)	Mail order is not available for drugs in Tier 6.	Mail order is not available for drugs in Tier 6.	Mail order is not available for drugs in Tier 6.

* The Select Insulins are formulary insulins that are covered in Tiers 2 and 3 of our Drug List and are being used for a diagnosis covered under Part D. Please note that if your insulin is being administered through a Part B covered insulin pump, then the insulin must be covered under Part B and will not be eligible for the Part D copays.

If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy. You may get drugs from a standard in-network pharmacy, but may pay more than you pay at a preferred in-network pharmacy.

Catastrophic Coverage (Applies to all tiers)	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050 , you pay the greater of: 5% of the cost or \$3.95 copayment for generic (including brand drugs treated as generic) or a \$9.85 copayment for all other drugs.
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Medical Benefits

Western Health Advantage MyCare Plus (HMO)

Benefits (continued)	What You Pay
Annual physical exam	\$0 copay
Durable Medical Equipment ¹	20% of the contracted rate
Fitness benefit	\$0 copay for access to a variety of fitness centers, virtual coaching and on-line resources through Silver&Fit.
Meals	\$0 copay for 2 meals per day for 4 weeks immediately following discharge from a skilled nursing facility, hospital, or rehabilitation center. Total maximum of 56 meals after each discharge for up to 4 times per year.
Over-the-Counter items	Plan covers up to \$100 every three months. Unused portions do not carry over to the next quarter.
Routine chiropractic and acupuncture services	\$20 copay for up to 20 routine visits each year (routine chiropractic and acupuncture services combined)

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

¹ Services may require prior authorization.

² Services may require a referral from your doctor.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, call Western Health Advantage at 888.992.7494, 711 TTY. Our Medicare Sales representatives are available Monday through Friday 8 a.m. to 8 p.m.; Saturday 8 a.m. to 6 p.m.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit mywha.org/MyCareEOC or call 888.563.2250, 711 TTY to view a copy of the EOC.
- Review the provider directory at mywha.org/MyCareDoctors (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory at mywha.org/MyCarePharmacies to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium (including \$0 premium plans), you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2023.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Western Health Advantage is an HMO plan with a Medicare contract.
Enrollment in the health plan depends on contract renewal.

medicare.westernhealth.com

Look online for your Evidence of Coverage.



Your Evidence of Coverage (EOC) is a comprehensive handbook written to help you understand your Medicare Advantage plan coverage. It details important information about your benefits, what Western Health Advantage must do, your rights, and what you have to do as a member of our plan.

For your convenience and to cut down on paper, your EOC is easily accessible at mywha.org/MyCareEOC. EOCs will be available online by October 15, 2021.

To receive a hard copy of an EOC, please fill out the online request form at mywha.org/MyCareEOC or call 888.563.2250 toll-free; 711 TTY.

If you have additional questions regarding your EOC or your plan, call Western Health Advantage at 888.563.2250; 711 TTY. Available seven days a week, 8 a.m. to 8 p.m.

Is your medication covered?

Looking for the nearest provider or pharmacy?



You can access our prescription drug formularies online at mywha.org/MyCareDrugList as well as our network directory at mywha.org/MyCareDoctors after October 15, 2021.

To request a hard copy of the provider directory and/or formulary, please fill out the online request form at the [links](#) above or call 888.992.7494 toll-free; 711 TTY.

Note: The Provider and/or Pharmacy network may change at any time. You will receive notice when necessary.

If you need help finding a doctor or pharmacy, or have questions about a covered medication, call Western Health Advantage at 888.992.7494; 711 TTY. Available Monday – Friday, 8 a.m. to 8 p.m. and Saturday, 8 a.m. to 6 p.m.

Notice of Non-Discrimination

Western Health Advantage complies with applicable Federal and California civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, as applicable. Western Health Advantage does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Western Health Advantage:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats
(large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Member Services Manager at 888.563.2250, TTY 711.

If you believe that Western Health Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance by mail, phone or email. If you need help filing a grievance, the Member Services Manager is available to help you.

Mail: Western Health Advantage Mail Service
Attn: Member Services
PO Box 4457, Portland, OR 97208-4457
Call: 888.563.2250, TTY 711
Email: MAmemberservices@westernhealth.com

If there is a concern of discrimination based on race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail or by phone.

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201
Call: 800.368.1019, 800.537.7697 TDD

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Notice of Language Assistance

If you, or someone you're helping, have questions about Western Health Advantage, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 888.563.2250 or TTY 711.

SPANISH

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Western Health Advantage, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 888.563.2250, o al TTY 711 si tiene dificultades auditivas.

CHINESE

如果您，或是您正在協助的對象，有關於 Western Health Advantage 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 888.563.2250 或聽障人士專線(TTY) 711。

VIETNAMESE

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Western Health Advantage, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số 888.563.2250, hoặc gọi đường dây TTY dành cho người khiếm thính tại số 711.

TAGALOG

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Western Health Advantage, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 888.563.2250 o TTY para sa may kapansanan sa pandinig sa 711.

KOREAN

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Western Health Advantage 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 888.563.2250 이나 청각 장애인용 TTY 711 로 연락하십시오.

ARMENIAN

Եթե Դուք կամ Ձեր կողմից օգնություն ստացող անձը հարցեր ունի Western Health Advantage-ի մասին, Դուք իրավունք ունեք անվճար օգնություն և տեղեկություններ ստանալու Ձեր նախընտրած լեզվով: Թարգմանչի հետ խոսելու համար զանգահարե՛ք 888.563.2250 համարով կամ TTY 711՝ լսողության հետ խնդիրներ ունեցողների համար:

PERSIAN-FARSI

اگر شما، یا کسی که شما به او کمک میکنید، سوال در مورد Western Health Advantage (وسترن هلث آدونتیج) داشته باشید حق ای زرا دارید که کم کو اطلاعات به زبا نخود را به طو رایگان دریافت نمایید. لطفا با شماره تلفن 888.563.2250 تماس بگیرید. افراد ناشنوا می توانند به شماره 711 پیام تاییپی ارسا لکنند

RUSSIAN

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Western Health Advantage, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 888.563.2250 или воспользуйтесь линией ТТУ для лиц с нарушениями слуха по номеру 711.

JAPANESE

ご本人様、またはお客様の身の回りの方でも、Western Health Advantage についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入力したりすることができます。料金はかかりません。通訳とお話される場合、888.563.2250 までお電話ください。聴覚障がい者用 TTY をご利用の場合は、888.877.5378 までお電話ください。

ARABIC

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Western Health Advantage، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتص له 888.563.2250، أو برقم الهاتف النصي (TTY) لضعاف السمع 711.

PUNJABI

ਜੇਕਰ ਤੁਸੀਂ, ਜਾਂ ਜਿਸ ਕਿਸੇ ਦੀ ਤੁਸੀਂ ਮਦਦ ਕਰ ਰਹੇ ਹੋ, ਦੇ Western Health Advantage ਬਾਰੇ ਸਵਾਲ ਹਨ ਤਾਂ, ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਹਾਸਲ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਦੁਬਾਸੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, 888.563.2250 'ਤੇ ਜਾਂ ਪੂਰੀ ਤਰ੍ਹਾਂ ਸੁਣਨ ਵਿੱਚ ਅਸਮਰਥ ਟੀਟੀਵਾਈ ਲਈ 711 'ਤੇ ਕਾਲ ਕਰੋ।

CAMBODIAN-MON-KHMER

ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលកំពុងជួយអ្នក មានសំណួរអំពី Western Health Advantage នេះ, អ្នកមានសិទ្ធិទទួលបានជំនួយនិងព័ត៌មាន នៅក្នុងភាសារបស់អ្នក ដោយមិនអស់ប្រាក់។ ដើម្បីនិយាយជាមួយអ្នកបកប្រែ សូមទូរស័ព្ទ 888.563.2250 ឬ TTY សម្រាប់អ្នកត្រចៀកឆ្លង តាមលេខ 711

HMONG

Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Western Health Advantage, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 888.563.2250 los sis TTY rau cov neeg uas tsis hnov lus zoo nyob ntawm 711.

HINDI

यदि आप, या जिस किसी की आप मदद कर रहे हो, के Western Health Advantage के बारे में प्रश्न हैं तो, आपको अपनी भाषा में मदद तथा जानकारी प्राप्त करने का अधिकार है। दुभाशिए के साथ बात करने के लिए, 888.563.2250 पर या पूरी तरह श्रवण में असमर्थ टीटीवाई के लिए 711 पर कॉल करो।

THAI

หากคุณ หรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ Western Health Advantage คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย เพื่อพูดคุยกับล่าม โทร 888.563.2250 หรือใช้TTY สำหรับคนหูหนวกโดยโทร 711

Western Health Advantage is an HMO plan with a Medicare contract. Enrollment in the health plan depends on contract renewal.



Learn more about Western Health Advantage today!

Call **888.844.3072 (TTY: 711)**, Mon. – Fri., 8 a.m. to 8 p.m.; Sat., 8 a.m. to 6 p.m.

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