



Western Health Advantage  
**2023 Medicare Plan  
Enrollment Kit**

Western Health  
Advantage 

**A better health plan.**

**medicare**.westernhealth.com



# Nonprofit. Doctor-Approved. Totally Focused on You.

Thank you for your interest in our new Medicare Advantage plans for 2023!

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) plans – including our new plan for Humboldt County, MyCare Compass (HMO) – offer prescription drug coverage, along with additional benefits including routine vision exams with eyewear allowance, in-home support, diabetes management, meals following a hospital stay, fitness and wellness programs, and quarterly credits to purchase over-the-counter (OTC) products.

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
- service area
- quality hospitals

### Learn About Our Plans

- three Medicare Advantage plans
- side-by-side comparison
- value-added benefits

### Request Materials

- evidence of coverage
- drug formulary and network directory

### Understanding MyCare and Medicare

- pre-enrollment checklist
- Summary of Benefits (SB) for all plans: MyCare (HMO), MyCare Plus (HMO), and MyCare Compass (HMO)

### Enroll in Medicare Advantage with WHA

- enrollment form

Western Health  
Advantage 

A better health plan.

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 Health, Meritage Medical Network, and Providence Health Network.



## The benefits you're looking for, including:

Plans as low as  
**\$0/month**

PCP copays  
**\$0**

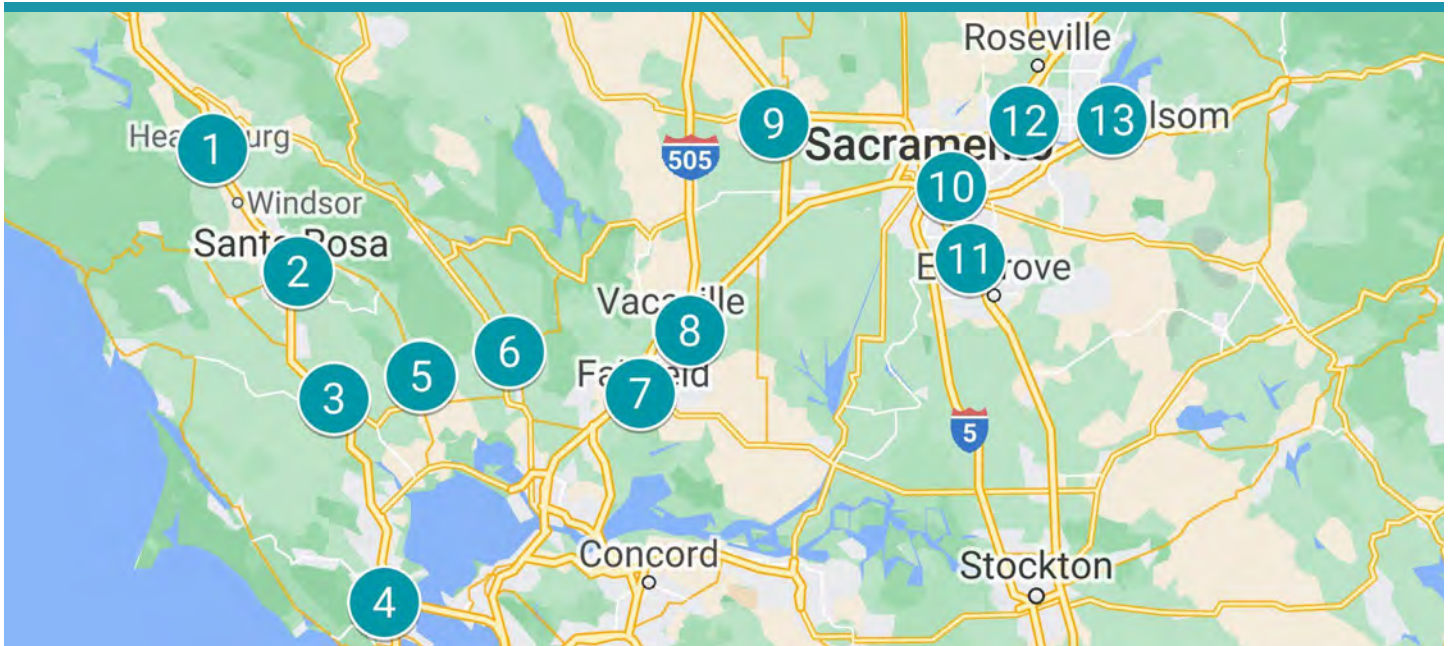
Prescription drugs  
**as low as \$0**

**Learn more about Western Health Advantage today!**

Call **888.992.7494 (TTY: 711)**, Mon. - Fri., 8 a.m. to 8 p.m. year-round plus weekends during open enrollment.

**[choosewha.com/Medicare](https://choosewha.com/Medicare)**

WHA's MyCare plans are available to Medicare-eligible residents in Humboldt,\* 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**  
Healdsburg 95448
2. **Providence Santa Rosa Memorial Hospital**  
Santa Rosa 95405
3. **Petaluma Valley Hospital**  
Petaluma 94954
4. **MarinHealth Medical Center**  
Greenbrae 94904
5. **Sonoma Valley Hospital**  
Sonoma 95476
6. **Providence Queen of the Valley Medical Center**  
Napa 94558-2906

▲ **Solano County Facilities**

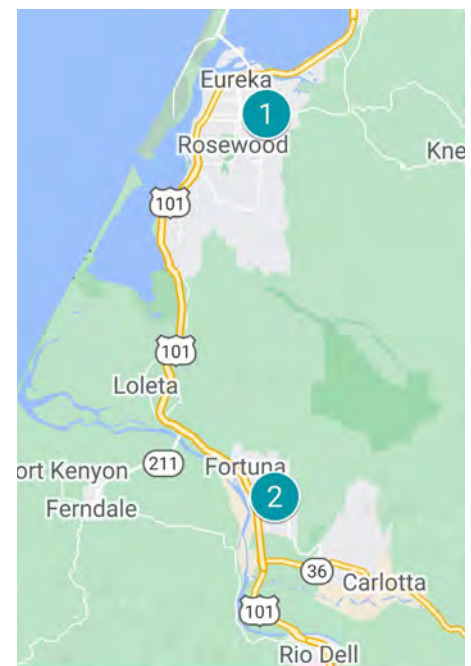
7. **NorthBay Medical Center**  
Fairfield 94533
8. **NorthBay VacaValley Hospital**  
Vacaville 95687

▲ **Sacramento Area Facilities**

9. **Woodland Memorial Hospital**  
Woodland 95695
10. **Mercy General Hospital**  
Sacramento 95819
11. **Methodist Hospital of Sacramento**  
Sacramento 95823
12. **Mercy San Juan Medical Center**  
Carmichael 95608
13. **Mercy Hospital of Folsom**  
Folsom 95630

▼ **Humboldt County Facilities**

1. **Providence St. Joseph Hospital Eureka**  
Eureka, CA 95501
2. **Providence Redwood Memorial Hospital**  
Fortuna, CA 95540



Note: This is a general representation of our service area

\*MyCare Compass (HMO) is available in Humboldt only

# Three great ways to get the benefits you deserve.

		MyCare (HMO)	MyCare Plus (HMO)	MyCare Compass (HMO)
		<i>Available in Marin, Napa, Sacramento, Solano, Sonoma, Yolo Counties</i>		<i>Available in Humboldt County</i>
Monthly premium		\$0	\$85	\$20
Annual Part C deductible (excluding prescription drug costs)		\$0	\$0	\$0
Annual out-of-pocket limit		\$4,000	\$3,300	\$4,400
<b>GENERAL CARE COPAYS</b>				
Primary care physician (PCP)		\$0	\$0	\$0
Specialist		\$25	\$20	\$25
Telehealth		\$25	\$20	\$25
Urgent care		\$25	\$20	\$25
Emergency		\$90	\$90	\$90
<b>INPATIENT CARE COPAYS</b>				
<b>Inpatient hospital</b>	Days 1-6	\$265/day	\$175/day	\$265/day
	Days 7-90	\$0/day	\$0/day	\$0/day
<b>Skilled nursing facility</b>	Days 1-20	\$0/day	\$0/day	\$0/day
	Days 21-100	\$150/day	\$150/day	\$150/day
<b>OUTPATIENT CARE COPAYS</b>				
Hospital surgery		\$250	\$200	\$250
Ambulance		\$250	\$250	\$250
Radiological diagnostic services		\$60	\$50	\$60
Diagnostic tests		\$10	\$0	\$10
Lab services		\$0	\$0	\$0
X-rays		\$10	\$0	\$10
<b>WELLNESS COPAYS &amp; BENEFITS</b>				
Medicare-covered preventive services		\$0	\$0	\$0
Vision (routine eye exams)		\$25	\$20	\$25
Eyewear allowance (contact lenses, eye glasses)		\$100/2 years	\$200/2 years	\$100/2 years
Hearing (routine exams)		\$0	\$0	\$25
Hearing Aid (includes fitting/evaluation) \$699 Advanced Model/\$999 Premium Model (2 hearing aids per year)		\$0	\$0	Not Covered
Dental (routine exams, cleanings, x-rays)		\$0	\$0	Not Covered
Chiropractic services*		\$20	\$20	\$20
Acupuncture*		\$20	\$20	\$20
Fitness benefit		0% coinsurance	0% coinsurance	0% coinsurance
Meals (post-discharge) up to 56 meals (4x per year)		\$0	\$0	\$0
Over-the-counter allowance (for health-related items)		\$50/quarter	\$100/quarter	\$50/quarter

\* Annual visit limits apply.

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

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

## NEW FOR 2023

### In-home Support from Papa™ Pals

Papa Pals is a network of caring individuals that offer non-clinical support in a member's home. With Papa's rigorous application and on-boarding process, these personal companions are background checked, trained and motivated to assist members with daily activities such as transportation, companionship, household chores, technical assistance, and exercise. Visits are available seven days a week and easily scheduled through an online care center or secure mobile app.



## IMPORTANT INFORMATION:

### 2023 Medicare Star Ratings



#### Western Health Advantage - H2782

For 2023, Western Health Advantage - H2782 received the following Star Ratings from Medicare:

**Overall Star Rating:** ★★☆☆☆  
**Health Services Rating:** ★★☆☆☆  
**Drug Services Rating:** ★★☆☆☆



Every year, Medicare evaluates plans based on a 5-star rating system.

#### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

#### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

#### Questions about this plan?

Contact Western Health Advantage 7 days a week from 7:00 a.m. to 8:00 p.m. Pacific time at 888-992-7494 (toll-free) or 888-877-5378 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 7:00 a.m. to 8:00 p.m. Pacific time. Current members please call 888-563-2250 (toll-free) or 888-877-5378 (TTY).



---

## 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.

### Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

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 0938-1378. 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.**

### 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 14952  
Salem, OR 97309

Scan and fax pages to: 916.678.5441

Scan and email pages to:  
[MAEnrollment@westernhealth.com](mailto: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.



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

**Select the plan you want to join:**

**Available for Napa, Marin, Sacramento, Sonoma, Solano, and Yolo counties:**

- Western Health Advantage **MyCare** (HMO) - \$0 per month
- Western Health Advantage **MyCare Plus** (HMO) - \$85 per month

**Available for Humboldt county:**

- Western Health Advantage **MyCare Compass** (HMO) - \$20 per month

FIRST name \_\_\_\_\_ LAST name \_\_\_\_\_ MIDDLE initial \_\_\_\_\_

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

Permanent Residence street address (Do not enter a PO Box)

\_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

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

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

\_\_\_\_\_  
Email Address

**Your Medicare information:**

\_\_\_\_\_  
Medicare Number

**Answer these important questions:**

Will you have other prescription coverage in addition to Western Health Advantage? Some individuals may have other coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits or State pharmaceutical assistance programs.  Yes  No

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

\_\_\_\_\_  
Name of other coverage

\_\_\_\_\_  
Member number for this coverage

\_\_\_\_\_  
Group number for this coverage



**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.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- No, not of Hispanic, Latino/a, or Spanish origin     Yes, another Hispanic, Latino/a, or Spanish origin  
 Yes, Mexican, Mexican American, Chicano/a     I choose not to answer.  
 Yes, Puerto Rican     Yes, Cuban

What's your race? Select all that apply.

- American Indian or Alaska Native     Native Hawaiian  
 Asian Indian     Other Asian  
 Black or African American     Other Pacific Islander  
 Chinese     Samoan  
 Filipino     Vietnamese  
 Guamanian or Chamorro     White  
 Japanese     I choose not to answer.  
 Korean

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. We are open 8 a.m. to 8 p.m., seven days a week, October through March and 8 a.m. to 8 p.m., Monday-Friday, April through September. 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: \_\_\_\_\_

Are you an existing patient of this provider?     Yes     No





## Section 2 (cont.) – All fields on this page are optional

### 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](https://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.

- |  |   |
|--|---|
| <input type="checkbox"/> I am new to Medicare.   | <input type="checkbox"/> I belong to a pharmacy assistance program provided by my state.  |
| <input type="checkbox"/> I am leaving employer or union coverage on (insert date): _____ / _____ / _____   | <input type="checkbox"/> I recently left a PACE program on (insert date): _____ / _____ / _____   |
| <input type="checkbox"/> 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): _____ / _____ / _____ | <input type="checkbox"/> 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): _____ / _____ / _____ |
| <input type="checkbox"/> I am enrolling during the Annual Enrollment Period (October 15-December 7) or Special Enrollment Period.  | <input type="checkbox"/> I recently was released from incarceration. I was released on (insert date): _____ / _____ / _____   |
| <input type="checkbox"/> 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).  | <input type="checkbox"/> I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date): _____ / _____ / _____                       |
| <input type="checkbox"/> 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): _____ / _____ / _____  | <input type="checkbox"/> I recently obtained lawful presence status in the United States. I got this status on (insert date): _____ / _____ / _____   |
| <input type="checkbox"/> I recently received notice of a Medicare entitlement determination for a retroactive effective date. I was notified on (insert date): _____ / _____ / _____   |   |
| <input type="checkbox"/> 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 was enrolled in a Special Needs Plan (SNP) but I have 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 916.246.7494 or 888.992.7494 (TTY users should call 711) to see if you are eligible to enroll. We are open 8 a.m. to 8 p.m., seven days a week, October through March and 8 a.m. to 6 p.m., Monday-Friday, April through September.



# 2023 Summary of Benefits

---

## **Western Health Advantage MyCare (HMO)**

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

**January 1, 2023 – December 31, 2023**

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](http://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.

- If you're a member of this plan, call us toll-free at 1.888.563.2250 (TTY 711). Hours are 8:00 a.m. to 8:00 p.m., Monday - Friday, April 1 through September 30 and 8:00 a.m. to 8:00 p.m., seven days a week, October 1 through March 31 (except holidays).
- If you're not a member of this plan, call us toll-free at 1.888.992.7494 (TTY 711). Hours are 8:00 a.m. to 8:00 p.m., Monday - Friday, April 1 through September 30 and 8:00 a.m. to 8:00 p.m., seven days a week, October 1 through March 31 (except holidays).
- You can also visit us online at [medicare.westernhealth.com](http://medicare.westernhealth.com)

## Helpful resources

- Visit [mywha.org/MyCaredoctors](http://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](http://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](http://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 limit(s) for this plan:
	In-network: \$4,000
<b>Benefits</b>	<b>What You Pay</b>
Inpatient Hospital Coverage <sup>1</sup>	\$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 <sup>1</sup>	\$250 copay for outpatient surgery at a hospital facility
Ambulatory Surgery Center <sup>1</sup>	\$200 copay for outpatient surgery at an Ambulatory Surgery Center
Doctor Visits	Primary Care Provider visit \$0 copay
	Specialist visit <sup>1,2</sup> \$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.

<sup>1</sup> Services may require prior authorization.

<sup>2</sup> Services may require a referral from your doctor.

# Medical Benefits

## Western Health Advantage MyCare (HMO)

Benefits		What You Pay
<b>Diagnostic Services/ Labs/Imaging<sup>1,2</sup></b>	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
<b>Hearing Services<sup>2</sup></b>	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
<b>Dental Services<sup>1</sup></b>	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

<sup>1</sup> Services may require prior authorization.

<sup>2</sup> 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 <sup>1</sup>	\$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 <sup>1</sup>		\$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 <sup>1,2</sup>		\$25 copay
Ambulance <sup>1</sup>		\$250 copay for each one-way transport
Non-emergent transportation		Not covered
Medicare Part B drugs <sup>1</sup>		20% of the contracted rate

<sup>1</sup> Services may require prior authorization.

<sup>2</sup> 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 <b>\$4,660</b> . 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 Preferred: \$5 copay	Standard: \$20 copay Preferred: \$10 copay	Standard: \$30 copay Preferred: \$15 copay
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
Tier 6 (Vaccines)	Standard: \$0 copay Preferred: \$0 copay	Not covered	Not covered

# Prescription Drug Benefits

## Western Health Advantage MyCare (HMO)

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	\$20 copay	\$25 copay
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 Tier 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 <b>\$4,660</b>.</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, \$35 per month for Select Insulins in Tier 3, 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 <b>\$7,400</b>, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
--	--

### 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)	25% of the total cost	25% of the total cost	25% of the total cost
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)	\$0 copay	Not covered	Not covered

# Prescription Drug Benefits

## Western Health Advantage MyCare (HMO)

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	25% of the total cost	25% of the total cost
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 Tier 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 <b>\$7,400</b> , you pay the greater of: 5% of the cost or \$4.15 copayment for generic (including brand drugs treated as generic) or a \$10.35 copayment for all other drugs.
---	---

**Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

# Medical Benefits

## Western Health Advantage MyCare (HMO)

Benefits (continued)	What You Pay
Annual physical exam	\$0 copay
Durable Medical Equipment <sup>1</sup>	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®.
In-home services	We offer this benefit through our partnership with Papa. Papa provides assistance with transportation, companionship, household chores, use of electronic devices, and exercise and activity. Benefits include the following: <ul style="list-style-type: none"><li>• At Home Care, 60 hours per calendar year.</li><li>• Services include support with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).</li></ul>
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.

<sup>1</sup> Services may require prior authorization.

<sup>2</sup> Services may require a referral from your doctor.



# 2023 Summary of Benefits

---

## **Western Health Advantage MyCare Plus (HMO)**

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

**January 1, 2023 – December 31, 2023**

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](http://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.

- If you're a member of this plan, call us toll-free at 1.888.563.2250 (TTY 711). Hours are 8:00 a.m. to 8:00 p.m., Monday - Friday, April 1 through September 30 and 8:00 a.m. to 8:00 p.m., seven days a week, October 1 through March 31 (except holidays).
- If you're not a member of this plan, call us toll-free at 1.888.992.7494 (TTY 711). Hours are 8:00 a.m. to 8:00 p.m., Monday - Friday, April 1 through September 30 and 8:00 a.m. to 8:00 p.m., seven days a week, October 1 through March 31 (except holidays).
- You can also visit us online at [medicare.westernhealth.com](http://medicare.westernhealth.com)

## Helpful resources

- Visit [mywha.org/MyCaredoctors](http://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](http://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](http://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	\$85 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 limit(s) for this plan:
	In-network: \$3,300
<b>Benefits</b>	<b>What You Pay</b>
Inpatient Hospital Coverage <sup>1</sup>	\$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 <sup>1</sup>	\$200 copay for outpatient surgery at a hospital facility
Ambulatory Surgery Center <sup>1</sup>	\$100 copay for outpatient surgery at an Ambulatory Surgery Center
Doctor Visits	Primary Care Provider visit \$0 copay
	Specialist visit <sup>1,2</sup> \$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.

<sup>1</sup> Services may require prior authorization.

<sup>2</sup> Services may require a referral from your doctor.

# Medical Benefits

## Western Health Advantage MyCare Plus (HMO)

Benefits		What You Pay
<b>Diagnostic Services/ Labs/Imaging<sup>1,2</sup></b>	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
<b>Hearing Services<sup>2</sup></b>	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
<b>Dental Services<sup>1</sup></b>	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

<sup>1</sup> Services may require prior authorization.

<sup>2</sup> 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 <sup>1</sup>	\$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 <sup>1</sup>		\$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 <sup>1,2</sup>		\$0 copay
Ambulance <sup>1</sup>		\$250 copay for each one-way transport
Non-emergent transportation		Not covered
Medicare Part B drugs <sup>1</sup>		20% of the contracted rate

<sup>1</sup> Services may require prior authorization.

<sup>2</sup> 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 <b>\$4,660</b> . 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 Preferred: \$5 copay	Standard: \$20 copay Preferred: \$10 copay	Standard: \$30 copay Preferred: \$15 copay
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
Tier 6 (Vaccines)	Standard: \$0 copay Preferred: \$0 copay	Not covered	Not covered

# Prescription Drug Benefits

## Western Health Advantage MyCare Plus (HMO)

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	\$20 copay	\$25 copay
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 Tier 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 <b>\$4,660</b>.</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, \$35 per month for Select Insulins in Tier 3, 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 <b>\$7,400</b>, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
--	--

### 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)	25% of the total cost	25% of the total cost	25% of the total cost
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)	\$0 copay	Not covered	Not covered



# Prescription Drug Benefits

## Western Health Advantage MyCare Plus (HMO)

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	25% of the total cost	25% of the total cost
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 Tier 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 <b>\$7,400</b> , you pay the greater of: 5% of the cost or \$4.15 copayment for generic (including brand drugs treated as generic) or a \$10.35 copayment for all other drugs.
---	---

**Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

# Medical Benefits

## Western Health Advantage MyCare Plus (HMO)

Benefits (continued)	What You Pay
Annual physical exam	\$0 copay
Durable Medical Equipment <sup>1</sup>	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®.
In-home services	We offer this benefit through our partnership with Papa. Papa provides assistance with transportation, companionship, household chores, use of electronic devices, and exercise and activity. Benefits include the following: <ul style="list-style-type: none"><li>• At Home Care, 90 hours per calendar year.</li><li>• Services include support with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).</li></ul>
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.

<sup>1</sup> Services may require prior authorization.

<sup>2</sup> Services may require a referral from your doctor.

# 2023 Summary of Benefits

---

## **Western Health Advantage MyCare Compass (HMO)**

This plan is available in Humboldt county in Northern California.

**January 1, 2023 – December 31, 2023**

When you choose **Western Health Advantage MyCare Compass (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 Compass (HMO).

This booklet gives you a summary of what Western Health Advantage MyCare Compass (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](http://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 Humboldt county in Northern California.

## Get in touch

Questions? We're here to help.

- If you're a member of this plan, call us toll-free at 1.888.563.2250 (TTY 711). Hours are 8:00 a.m. to 8:00 p.m., Monday - Friday, April 1 through September 30 and 8:00 a.m. to 8:00 p.m., seven days a week, October 1 through March 31 (except holidays).
- If you're not a member of this plan, call us toll-free at 1.888.992.7494 (TTY 711). Hours are 8:00 a.m. to 8:00 p.m., Monday - Friday, April 1 through September 30 and 8:00 a.m. to 8:00 p.m., seven days a week, October 1 through March 31 (except holidays).
- You can also visit us online at [medicare.westernhealth.com](http://medicare.westernhealth.com)

## Helpful resources

- Visit [mywha.org/MyCaredoctors](http://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](http://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](http://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 Compass (HMO)

Monthly Plan Premium	\$20 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 limit(s) for this plan:
	In-network: \$4,400
<b>Benefits</b>	<b>What You Pay</b>
Inpatient Hospital Coverage <sup>1</sup>	\$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 <sup>1</sup>	\$250 copay for outpatient surgery at a hospital facility
Ambulatory Surgery Center <sup>1</sup>	\$200 copay for outpatient surgery at an Ambulatory Surgery Center
Doctor Visits	Primary Care Provider visit \$0 copay
	Specialist visit <sup>1,2</sup> \$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.

<sup>1</sup> Services may require prior authorization.

<sup>2</sup> Services may require a referral from your doctor.

# Medical Benefits

## Western Health Advantage MyCare Compass (HMO)

Benefits		What You Pay
<b>Diagnostic Services/ Labs/Imaging<sup>1,2</sup></b>	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
<b>Hearing Services<sup>2</sup></b>	Medicare-covered	\$25 copay
<b>Dental Services<sup>1</sup></b>	Medicare-covered	\$25 copay

<sup>1</sup> Services may require prior authorization.

<sup>2</sup> Services may require a referral from your doctor.

# Medical Benefits

## Western Health Advantage MyCare Compass (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 <sup>1</sup>	\$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 <sup>1</sup>		\$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 <sup>1,2</sup>		\$25 copay
Ambulance <sup>1</sup>		\$250 copay for each one-way transport
Non-emergent transportation		Not covered
Medicare Part B drugs <sup>1</sup>		20% of the contracted rate

<sup>1</sup> Services may require prior authorization.

<sup>2</sup> Services may require a referral from your doctor.

# Prescription Drug Benefits

## Western Health Advantage MyCare Compass (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 <b>\$4,660</b> . 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 Preferred: \$5 copay	Standard: \$20 copay Preferred: \$10 copay	Standard: \$30 copay Preferred: \$15 copay
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
Tier 6 (Vaccines)	Standard: \$0 copay Preferred: \$0 copay	Not covered	Not covered



# Prescription Drug Benefits

## Western Health Advantage MyCare Compass (HMO)

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	\$20 copay	\$25 copay
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 Tier 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 Compass (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 <b>\$4,660</b>.</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, \$35 per month for Select Insulins in Tier 3, 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 <b>\$7,400</b>, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
--	--

### 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)	25% of the total cost	25% of the total cost	25% of the total cost
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)	\$0 copay	Not covered	Not covered

# Prescription Drug Benefits

## Western Health Advantage MyCare Compass (HMO)

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	25% of the total cost	25% of the total cost
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 Tier 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 <b>\$7,400</b> , you pay the greater of: 5% of the cost or \$4.15 copayment for generic (including brand drugs treated as generic) or a \$10.35 copayment for all other drugs.
---	---

**Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

# Medical Benefits

## Western Health Advantage MyCare Compass (HMO)

Benefits (continued)	What You Pay
Annual physical exam	\$0 copay
Durable Medical Equipment <sup>1</sup>	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®.
In-home services	We offer this benefit through our partnership with Papa. Papa provides assistance with transportation, companionship, household chores, use of electronic devices, and exercise and activity. Benefits include the following: <ul style="list-style-type: none"><li>• At Home Care, 60 hours per calendar year.</li><li>• Services include support with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).</li></ul>
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.

<sup>1</sup> Services may require prior authorization.

<sup>2</sup> 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 8 a.m. to 8 p.m., seven days a week, October through March, and 8 a.m. to 8 p.m., Monday-Friday, April through September.

## 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](https://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](https://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](https://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, 2024.
- 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](https://medicare.westernhealth.com)

## Evidence of Coverage is available online.

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](https://mywha.org/MyCareEOC)**.

To receive a hard copy of an EOC, please fill out the online request form at [mywha.org/MyCareEOC](https://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 8 a.m. to 8 p.m., seven days a week, October through March and 8 a.m. to 8 p.m., Monday-Friday, April through September.

## Your drug formulary and network directory are online.

You can access your plan's prescription drug formulary online at [mywha.org/MyCareDrugList](http://mywha.org/MyCareDrugList) as well as your network provider and pharmacy directory at **[mywha.org/MyCareDoctors](http://mywha.org/MyCareDoctors)**.

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 888.563.2250 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 888.563.2250; 711 TTY. Available 8 a.m. to 8 p.m., seven days a week, October through March and 8 a.m. to 8 p.m., Monday-Friday, April through September.

# 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, Attn: Appeals and Grievances  
2349 Gateway Oaks Drive, Suite 100, Sacramento, California 95833

Call: 888.563.2250, TTY 711

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>.

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



# Notice of Language Assistance



We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1.888.563.2250 (TTY 711). Someone who speaks English/Language can help you. This is a free service.

## Spanish

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1.888.563.2250 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

## Chinese Mandarin

我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1.888.563.2250 (TTY 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

## Chinese Cantonese

您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1.888.563.2250 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

## Tagalog

Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1.888.563.2250 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

## French

Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1.888.563.2250 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

## Vietnamese

Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1.888.563.2250 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

## German

Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1.888.563.2250 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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

## **Korean**

당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1.888.563.2250 (TTY 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

## **Russian**

Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1.888.563.2250 (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

## **Arabic**

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى بمساعدتك. هذه خدمة مجانية الاتصال بنا على 1.888.563.2250 (TTY 711). سيقوم شخص ما يتحدث العربية

## **Hindi**

हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1.888.563.2250 (TTY 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

## **Italian**

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1.888.563.2250 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

## **Português**

Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1.888.563.2250 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

## **French Creole**

Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1.888.563.2250 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

## **Polish**

Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1.888.563.2250 (TTY 711). Ta usługa jest bezpłatna.

## **Japanese**

当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1.888.563.2250 (TTY 711) にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。



# Western Health Advantage

**A better health plan.**

**medicare**.westernhealth.com

You must continue to pay your Medicare Part B premium. Western Health Advantage is an HMO plan with a Medicare contract. 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.

**Learn more about Western Health Advantage today!**

Call **888.992.7494 (TTY: 711)**, Mon. - Fri., 8 a.m. to 8 p.m. year-round  
plus weekends during open enrollment.

**[choosewha.com/Medicare](https://www.choosewha.com/Medicare)**