2024
Medicare Plan Enrollment Kit

westernhealth 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 2024!

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 Medicare Advantage Plan (MyCare Compass in Humboldt County) offers prescription drug coverage, along with additional benefits including routine vision exams with eyewear allowance, in-home support, diabetes management, post-discharge meal delivery, fitness membership, 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 our Medicare Advantage plan is right for you, with the convenience, coverage, and access to the quality care you want. Because we're local, 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

Local service team ready to help.

Call us at 888.992.7494 (TTY: 711); we're available Mon. - Fri., 8 a.m. to 8 p.m. year-round plus weekends during annual enrollment period (AEP).

westernhealth ADVANTAGE

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 designed and managed by local doctors. There's no impersonal third party involved with your care decisions. Just you and the doctors who know you best.

Freedom to choose.

With a WHA Medicare Advantage plan, you choose from an extensive network of trusted physicians and hospitals from six quality medical groups. MyCare plans are available to Medicare-eligible residents in Marin, Napa, Sacramento, Solano, Sonoma, Yolo, and Humboldt counties. Benefit plans and medical group access varies by geographic location. Search our online provider directory for doctors accepting new patients.

Serving several counties.

The MyCare plan is $0 a month and available in Marin, Napa, Sacramento, Solano, Sonoma, and Yolo counties. The MyCare Compass plan is $20 a month and available in Humboldt County.

Benefits you are looking for.

- Plans as low as $0/month
- PCP copays $0
- Prescription drugs as low as $0

Our Network Medical Groups:

Hill Physicians

800.445.5747 | hillphysicians.com

Mercy Medical Group
A Service of Dignity Health Medical Foundation

916.733.3333 | mymercymedicalgroup.org

MERITAGE MEDICAL NETWORK

415.884.1840 | meritagemed.com

NorthBay HEALTH

707.646.5500 | northbay.org

Providence

844.234.0951 | providence.org

Woodland Clinic
A Service of Dignity Health Medical Foundation

530.668.2600 | dhmf.org/woodland

Contracted hospitals and medical centers:

North Bay Area

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

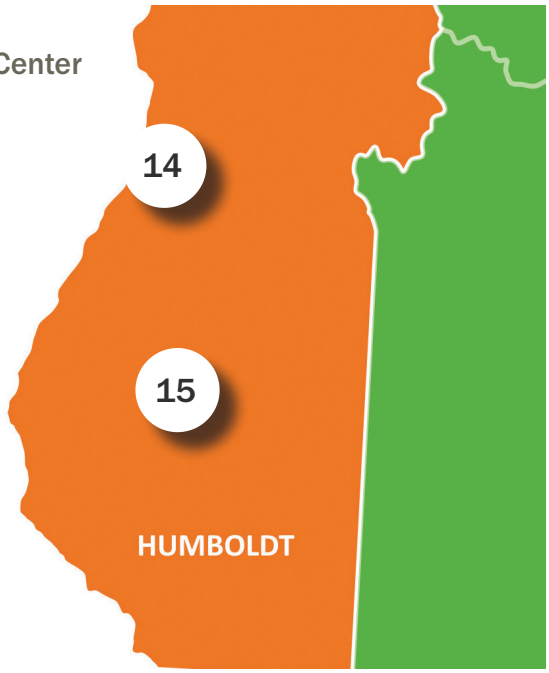
7. **NorthBay Medical Center**
   Fairfield 94533
8. **NorthBay VacaValley Hospital**
   Vacaville 95687

Sacramento Area

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

14. **Providence St. Joseph Hospital Eureka**
    Eureka 95501
15. **Providence Redwood Memorial Hospital**
    Fortuna 95540



Note: This is a general representation of our service area

Western Health Advantage MyCare **Plan Options for 2024**

- **Western Health Advantage MyCare (HMO)** is available in Napa, Marin, Sacramento, Sonoma, Solano, and Yolo counties.
- **Western Health Advantage MyCare Compass (HMO)** is available in Humboldt County.

Medical Plan Coverage		**WHA MyCare (HMO)**	**WHA MyCare Compass (HMO)**
Monthly Premium		**$0**	**$20**
Annual Part C Deductible (excluding prescription costs)		**none**	**none**
Annual Out-of-Pocket Limit		**$4,000**	**$4,400**
General Care Copays			
Primary care physician (PCP)		$0	$0
Specialist		$25 per visit	$25 per visit
Telehealth		$0 to $35 per visit	$0 to $35 per visit
Urgent Care		$25 per visit	$25 per visit
Emergency		$90 per visit	$90 per visit
Inpatient Care Copays			
Inpatient hospital	Days 1-6	$265 per day	$265 per day
	unlimited days after that	$0	$0
Skilled nursing facility	Days 1-20	$0	$0
	Days 21-100	$150 per day	$150 per day
Outpatient Care Copays			
Hospital surgery		$250 per visit	$250 per visit
Ambulance		$250 per visit	$250 per visit
Radiological diagnostic services		$60 per visit	$60 per visit
Diagnostic tests		$10 per visit	$10 per visit
Lab services		$0	$0
X-rays		$10 per visit	$10 per visit

Wellness Copays & Benefits	WHA MyCare (HMO)	WHA MyCare Compass (HMO)
Medicare-covered preventive services	$0	$0
Routine vision exam (vision provider/medical provider)	$0/$25 per visit	$0/$25 per visit
Routine eyewear (contact lenses, eyeglass frames and/or eyeglass lenses)	$100 every 2 years	$100 every 2 years
Routine hearing exam	$25 per visit	$25 per visit
Hearing Aids (two per year, fitting/evaluation)	$699 Advanced or $999 Premium	not covered
Preventive dental (routine exams, cleanings, x-rays)	$0	not covered
Comprehensive dental	$0 to $775	not covered
Chiropractic services (annual limits apply)	$20 per visit	$20 per visit
Acupuncture (annual limits apply)	$20 per visit	$20 per visit
Fitness benefit	$0	$0
Meal Delivery (two meals/day for four weeks)	$0	$0
In-home Support	60 hours per year	60 hours per year
Over-the-counter credits (for health-related items)	$50 per quarter	$50 per quarter

Prescription Drug Coverage	WHA MyCare (HMO)			WHA MyCare Compass (HMO)		
Annual prescription drug deductible	none			none		
Retail (30-day supply)	**30-day**	**60-day**	**90-day**	**30-day**	**60-day**	**90-day**
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	$40	$80	$120
TIER 4: NON-PREFERRED BRAND	$100	$200	$300	$100	$200	$300
TIER 5: SPECIALTY DRUGS	33%	not covered	not covered	33%	not covered	not covered

Consult the applicable Summary of Benefits (SB) and Combined Evidence of Coverage (EOC) for a detailed description of coverage benefits and limitations. Applicants have a right to review the SB and/or EOC prior to enrollment. WHA MyCare documents are available online at **choosewha.com/Medicare**. Call WHA at **888.992.7494** to request a copy.

IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Western Health Advantage - H2782

For 2024, Western Health Advantage - H2782 received the following Star Ratings from Medicare:

Overall Star Rating:	★★½☆☆
Health Services Rating:	★★★☆☆
Drug Services Rating:	★★½☆☆

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

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

The number of stars show how well a plan performs.

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

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at medicare.gov/plan-compare.

Questions about this plan?

Contact Western Health Advantage 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 888-992-7494 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Pacific time. Current members please call 888-942-4777 (toll-free) or 711 (TTY).

OMB No. 0938-1378; Expires: 07/31/2024

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** 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.

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?

Send your completed and signed form to:

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

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 **Western Health Advantage** MyCare plan you want to join:

☐ **WHA MyCare (HMO)** — $0 per month — Available for Napa, Marin, Sacramento, Sonoma, Solano, and Yolo counties

☐ **WHA MyCare Compass (HMO)** — $20 per month — Available for Humboldt County

FIRST name _____ LAST name _____ MIDDLE initial (optional) _____

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? ☐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, 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.
- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- 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 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, Mexican, Mexican American, Chicano/a
- ☐ Yes, another Hispanic, Latino/a, or Spanish origin
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ I choose not to answer.

What's your race? Select all that apply.

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

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 888.942.4777 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–March, and 8 a.m. to 8 p.m., Monday–Friday, April–September. TTY users can call 711.

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

List your Primary Care Physician (PCP), clinic, or health center:

_____

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.
- 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 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 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 have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date): _____ /_____ /_____

continued on next page

Attestation of Eligibility for an Enrollment Period (continued)

☐ 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, or Medicare is ending its contract with my plan.

☐ 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 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–March and 8 a.m. to 8 p.m., Monday–Friday, April–September.

Scope of Sales Appointment Confirmation Form

Mail to: Western Health Advantage, Medicare Sales
2349 Gateway Oaks Drive, Suite 150, Sacramento, CA 95833
Fax to: 916.568.1338
Questions? 916.246.7494 | 888.992.7494 toll-free | 711 TTY

The Centers for Medicare & Medicaid Services (CMS) requires sales agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product you want the agent to discuss.

❑ **Medicare Advantage Prescription Drug Plans (Part C & D)**

Medicare Health Maintenance Organization (HMO) – A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

Print Name _____

Signature _____ Date _____

If you are the authorized representative, please sign above and print name and relationship below:

Name _____

Relationship _____

To be completed by Agent:

Agent Name _____

Agent Phone _____

Beneficiary Name _____

Beneficiary Phone _____

Beneficiary Address _____

Initial Method of Contact (Indicate here if beneficiary was a walk-in.) _____

Agent's Signature _____

Plan(s) the agent represented during this meeting _____

Date Appointment Completed _____

[Plan Use Only] _____

Scope of Appointment documentation is subject to CMS record retention requirements

Agent: If the form was signed by the beneficiary at time of appointment, provide explanation why Scope of Appointment was not documented prior to meeting:

_____

_____

_____

_____

_____

_____

Western Health Advantage is a Medicare Advantage HMO plan sponsor 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.

2024 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, 2024 – December 31, 2024

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.

- If you're a member of this plan, call us toll-free at 1.888.942.4777 (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**.

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 limit(s) for this plan:
		In-network: $4,000
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 Services[2]	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 Services[1]	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	$0 copay for 1 routine vision exam every year, including tonometry, visual field screening, refraction, slit lamp test, and retinal viewing test, when seen by an EyeMed participating provider, $25 copay for 1 routine vision exam every year, including refraction, when seen by a participating medical group provider
	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 **$5,030**. 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 Retail 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)	$5 copay	$10 copay	$15 copay
Tier 3 (Preferred Brand)	$35 copay for insulin drugs and $40 copay for all other drugs on this tier for a one-month supply	$70 copay for insulin drugs and $80 copay for all other drugs on this tier for a two-month supply	$105 copay for insulin drugs and $120 copay for all other drugs on this tier for a three-month supply
Tier 4 (Non-Preferred Drug)	$100 copay	$200 copay	$300 copay
Tier 5 (Specialty)	33% of the total cost	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)	$35 copay for insulin drugs and $47 copay for all other drugs on this tier for a one-month supply	$70 copay for insulin drugs and $94 copay for all other drugs on this tier for a two-month supply	$105 copay for insulin drugs and $117.50 copay for all other drugs on this tier for a three-month supply
Tier 4 (Non-Preferred Drug)	$100 copay	$200 copay	$250 copay
Tier 5 (Specialty)	33% of the total cost	Not covered	Not covered

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.

Prescription Drug Benefits

Western Health Advantage MyCare (HMO)

Coverage Gap (Applies to all tiers)	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 **$5,030**. After you enter the coverage gap, cost sharing for Tier 1 drugs (Preferred Generic) and Insulin drugs are the same as in the initial coverage stage. You pay 25% of the plan's cost for the covered brand name drugs, covered specialty drugs, and other covered generic drugs until your costs total **$8,000**, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Standard Retail 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 copay for insulin drugs)	25% of the total cost ($70 copay for insulin drugs)	25% of the total cost ($105 copay for insulin drugs)
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

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 copay for insulin drugs)	25% of the total cost ($70 copay for insulin drugs)	25% of the total cost ($105 copay for insulin drugs)
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

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.

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 **$8,000**, the plan pays the full cost for your covered Part D 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.

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[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®.
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: • At Home Care, 60 hours per calendar year. • Services include support with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).
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.

2024 Summary of Benefits

Western Health Advantage MyCare Compass (HMO)

This plan is available in Humboldt county in Northern California.

January 1, 2024 – December 31, 2024

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** 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 1.888.942.4777 (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**.

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 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
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 Compass (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 Services[2]	Medicare-covered	$25 copay
Dental Services[1]	Medicare-covered	$25 copay

[1] Services may require prior authorization.
[2] 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	$0 copay for 1 routine vision exam every year, including tonometry, visual field screening, refraction, slit lamp test, and retinal viewing test, when seen by an EyeMed participating provider, $25 copay for 1 routine vision exam every year, including refraction, when seen by a participating medical group provider
	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 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 **$5,030**. 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 Retail 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)	$5 copay	$10 copay	$15 copay
Tier 3 (Preferred Brand)	$35 copay for insulin drugs and $40 copay for all other drugs on this tier for a one-month supply	$70 copay for insulin drugs and $80 copay for all other drugs on this tier for a two-month supply	$105 copay for insulin drugs and $120 copay for all other drugs on this tier for a three-month supply
Tier 4 (Non-Preferred Drug)	$100 copay	$200 copay	$300 copay
Tier 5 (Specialty)	33% of the total cost	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)	$35 copay for insulin drugs and $47 copay for all other drugs on this tier for a one-month supply	$70 copay for insulin drugs and $94 copay for all other drugs on this tier for a two-month supply	$105 copay for insulin drugs and $117.50 copay for all other drugs on this tier for a three-month supply
Tier 4 (Non-Preferred Drug)	$100 copay	$200 copay	$250 copay
Tier 5 (Specialty)	33% of the total cost	Not covered	Not covered

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.

Prescription Drug Benefits

Western Health Advantage MyCare Compass (HMO)

Coverage Gap (Applies to all tiers)	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 **$5,030**. After you enter the coverage gap, cost sharing for Tier 1 drugs (Preferred Generic) and Insulin drugs are the same as in the initial coverage stage. You pay 25% of the plan's cost for the covered brand name drugs, covered specialty drugs, and other covered generic drugs until your costs total **$8,000**, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Standard Retail 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 copay for insulin drugs)	25% of the total cost ($70 copay for insulin drugs)	25% of the total cost ($105 copay for insulin drugs)
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

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 copay for insulin drugs)	25% of the total cost ($70 copay for insulin drugs)	25% of the total cost ($105 copay for insulin drugs)
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

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.

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 **$8,000**, the plan pays the full cost for your covered Part D 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.

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[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®.
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: • At Home Care, 60 hours per calendar year. • Services include support with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).
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.

westernhealth ADVANTAGE

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** or call 888.992.7494, 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, 2025.
- ❏ 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).
- ❏ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

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

medicare.westernhealth.com

Plan documents and resources are online.

For your convenience and in an effort to cut down on paper, these three documents are easily accessible on our Medicare Advantage website under Tools & Resources.

To receive a hard copy of one or more of these materials, please fill out the online request form at mywha.org/MyCareMaterials or call 888.942.4777 toll-free; 711 TTY.

If you have questions regarding these plan documents, call Western Health Advantage at 888.942.4777; 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.

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 WHA must do, your rights, and what you have to do as a member of our plan. You can download an electronic version at **mywha.org/MyCareEOC**.

Drug Formulary and Provider Directory

Access your plan's prescription drug formulary online at **mywha.org/MyCareDrugList**.

A searchable provider and pharmacy directory is available at **mywha.org/MyCareDoctors**.

Our Member Services team can help answer questions related to covered medications or help you find a network doctor or pharmacy. Note: The online directory is updated in real-time and is current as of yesterday's date. The Provider and/or Pharmacy network may change at any time. You will receive notice when necessary.

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 888.942.4777, 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: 888.942.4777, 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.

Form Approved
OMB# 0938-1421

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 1.888.942.4777 (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 1.888.942.4777 (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 1.888.942.4777 (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 1.888.942.4777 (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 pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1.888.942.4777 (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 1.888.942.4777 (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 quí vị cần thông dịch viên xin gọi 1.888.942.4777 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German
Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1.888.942.4777 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean
당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1.888.942.4777 (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 1.888.942.4777 (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 1.888.942.4777 (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 1.888.942.4777 (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 1.888.942.4777 (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 1.888.942.4777 (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 1.888.942.4777 (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 1.888.942.4777 (TTY 711). Ta usługa jest bezpłatna.

Japanese
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