

# **2021 Summary of Benefits**

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

**January 1, 2021 – December 31, 2021**

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

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

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

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 seven days a week from 8 a.m. to 8 p.m.

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

## Helpful resources

- Visit [mywha.org/MyCareLogin](http://mywha.org/MyCareLogin) 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

Monthly Plan Premium	\$0 You must continue to pay your Medicare Part B premium.	
Deductible	\$0 There is no yearly deductible for medical services.	
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) for this plan:	
	In-network: \$7,000	
<b>Benefits</b>	<b>What You Pay</b>	
Inpatient Hospital Coverage <sup>1</sup>	\$265 copay per day for days 1-5 of a benefit period; \$0 copay per day for days 6-90 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	\$15 copay
	Specialist visit <sup>1,2</sup>	\$25 copay
Preventive Care	You pay nothing	
Emergency Care	\$90 copay Copay is waived if you are admitted to the hospital.	
Urgently Needed Services	\$25 copay Copay is waived if you are admitted to the hospital within 1 day 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

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	\$0 copay
<b>Vision Services</b>	Medicare-covered exams/screening	\$25 copay per exam \$0 copay for glaucoma screening
	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
<b>Mental Health Services</b>	Inpatient visit <sup>1</sup>	\$265 copay per day for days 1-5 of a benefit period; \$0 copay per day for days 6-90 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
Physical therapy <sup>1,2</sup>		\$25 copay
Ambulance <sup>1</sup>		\$250 copay for each one-way transport

<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

Benefits	What You Pay
Transportation	Not covered
Medicare Part B drugs <sup>1</sup>	20% of the contracted rate
Routine chiropractic and acupuncture services	\$20 copay for up to 10 routine visits each year (routine chiropractic and acupuncture services combined)
Over-the-Counter items	Plan covers up to \$50 every three months. Unused portions do not carry over to the next quarter.
Fitness benefit	\$0 copay for access to a variety of fitness centers, virtual coaching and on-line resources through Silver&Fit.
Annual physical exam	\$0 copay

<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

Prescription Drug Deductible			
Yearly Deductible	There is no prescription drug deductible for this plan.		
Initial Coverage	You pay the following until your total yearly drug costs reach <b>\$4,130</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 copayment Preferred: \$0 copayment	Standard: \$0 copayment Preferred: \$0 copayment	Standard: \$0 copayment Preferred: \$0 copayment
Tier 2 (Generic)	Standard: \$10 copayment Preferred: \$5 copayment	Standard: \$20 copayment Preferred: \$10 copayment	Standard: \$30 copayment Preferred: \$15 copayment
Tier 3 (Preferred Brand)	Standard: \$47 copayment Preferred: \$40 copayment	Standard: \$94 copayment Preferred: \$80 copayment	Standard: \$141 copayment Preferred: \$120 copayment
Tier 4 (Non-Preferred Drug)	Standard: \$100 copayment Preferred: \$100 copayment	Standard: \$200 copayment Preferred: \$200 copayment	Standard: \$300 copayment Preferred: \$300 copayment
Tier 5 (Specialty)	Standard: 33% of the total cost Preferred: 33% of the total cost	Not covered	Not covered

# Prescription Drug Benefits

## Western Health Advantage MyCare

Mail-Order Cost Sharing			
	Up to 30 days	Up to 60 days	Up to 90 days
Tier 1 (Preferred Generic)	\$0 copayment	\$0 copayment	\$0 copayment
Tier 2 (Generic)	\$10 copayment	\$20 copayment	\$25 copayment
Tier 3 (Preferred Brand)	\$47 copayment	\$94 copayment	\$117.50 copayment
Tier 4 (Non-Preferred Drug)	\$100 copayment	\$200 copayment	\$250 copayment
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. 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

<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>\$4,130</b>.</p> <p>After you enter the coverage gap, you pay your Tier 1 cost share for Tier 1 (Preferred Generic) drugs, 25% of the plan's cost for the covered brand name drugs and, 25% of the plan's cost for other covered generic drugs until your costs total <b>\$6,550</b>, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>		
<p><b>Standard and Preferred Retail Cost Sharing</b></p>			
	<p><b>Up to 30 days</b></p>	<p><b>Up to 60 days</b></p>	<p><b>Up to 90 days</b></p>
<p>Tier 1 (Preferred Generic)</p>	<p>Standard: \$5 copayment Preferred: \$0 copayment</p>	<p>Standard: \$10 copayment Preferred: \$0 copayment</p>	<p>Standard: \$15 copayment Preferred: \$0 copayment</p>
<p>Tier 2 (Generic)</p>	<p>25% of the cost</p>	<p>25% of the cost</p>	<p>25% of the cost</p>
<p>Tier 3 (Preferred Brand)</p>	<p>25% of the cost</p>	<p>25% of the cost</p>	<p>25% of the cost</p>
<p>Tier 4 (Non-Preferred Drug)</p>	<p>25% of the cost</p>	<p>25% of the cost</p>	<p>25% of the cost</p>
<p>Tier 5 (Specialty)</p>	<p>25% of the cost</p>	<p>Not covered</p>	<p>Not covered</p>
<p>Catastrophic Coverage (Applies to all tiers)</p>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach <b>\$6,550</b>, you pay the greater of: 5% of the cost or \$3.70 copayment for generic (including brand drugs treated as generic) and a \$9.20 copayment for all other drugs.</p>		

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



## Notice of Non-Discrimination

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

Western Health Advantage:

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

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

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

- Qualified interpreters
- Information written in other languages

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

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

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

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

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

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

# Notice of Language Assistance

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

## SPANISH

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

## CHINESE

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

## VIETNAMESE

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

## TAGALOG

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

## KOREAN

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

## ARMENIAN

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

## PERSIAN-FARSI

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

## RUSSIAN

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

**JAPANESE**

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

**ARABIC**

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

**PUNJABI**

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

**CAMBODIAN-MON-KHMER**

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

**HMONG**

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

**HINDI**

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

**THAI**

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

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