

# Western Health Advantage 2021 Medicare Plan Enrollment Packet

**COMPARE PLANS. DISCOVER EXTRA BENEFITS.**

Western Health  
Advantage   
A better health plan.





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

Thank you for your interest in our new Medicare Advantage plans for 2021!

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

Our MyCare (HMO) and MyCare Plus (HMO) plans offer prescription drug coverage, with additional benefits including hearing and vision exams, diabetes management, fitness and wellness programs, and an over-the-counter (OTC) allowance.

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

The convenience, coverage and access to quality care from a local health plan that's easy to work with makes a difference to our members every day.

On behalf of all of us at Western Health Advantage, we'd be honored if you chose us as your health plan.

Sincerely,



Garry Maisel  
President and Chief Executive Officer

## IN THIS BOOKLET

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- service area
- quality hospitals

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

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

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

## Medicare Advantage plans with local service.

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. Just you and doctors who know and care about you.

## 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, NorthBay Healthcare, Meritage Medical Network, and St. Joseph Health Medical Network.



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

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

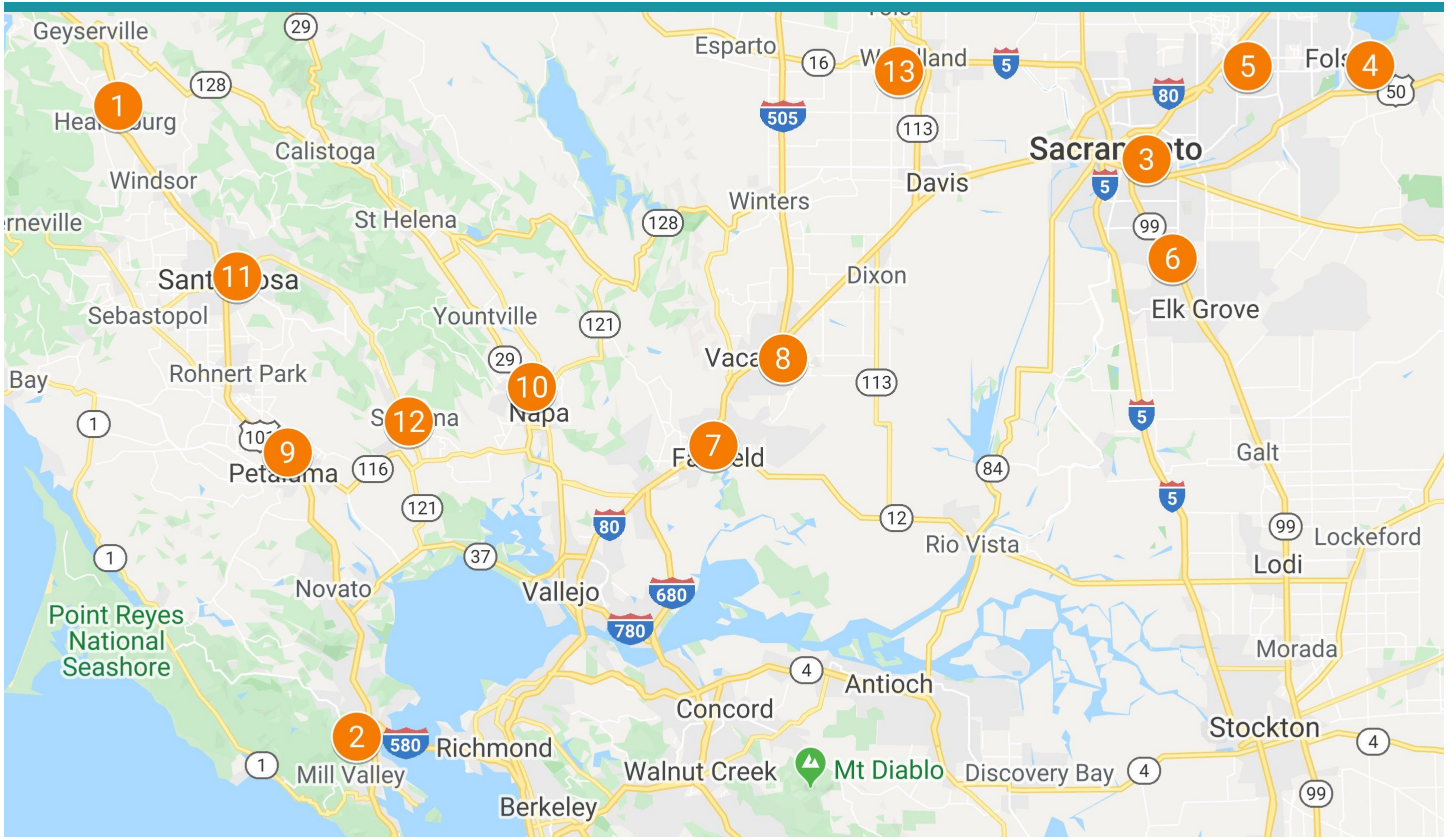
PCP copays  
**as low as \$0**

An over-the-counter allowance  
**up to \$100/quarter**

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

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

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



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

- 1. Healdsburg District Hospital**  
1375 University Avenue, Healdsburg 95448
- 2. MarinHealth Medical Center**  
250 Bon Air Road, Greenbrae 94904
- 3. Mercy General Hospital**  
4001 J Street, Sacramento 95819
- 4. Mercy Hospital of Folsom**  
1650 Creekside Drive, Folsom 95630
- 5. Mercy San Juan Hospital**  
6501 Coyle Avenue, Carmichael 95608
- 6. Methodist Hospital of Sacramento**  
7500 Hospital Drive, Sacramento 95823
- 7. NorthBay Medical Center**  
1200 B Gale Wilson Boulevard, Fairfield 94533
- 8. NorthBay VacaValley Hospital**  
1000 Nut Tree Road, Vacaville 95687
- 9. Petaluma Valley Hospital**  
400 N McDowell Boulevard, Petaluma 94954
- 10. Queen of the Valley Medical Center**  
1000 Trancas Street, Napa 94558-2906
- 11. Santa Rosa Memorial Hospital**  
1165 Montgomery Drive, Santa Rosa 95405
- 12. Sonoma Valley Hospital**  
347 Andrieux Street, Sonoma 95476
- 13. Woodland Memorial Hospital**  
1325 Cottonwood Street, Woodland 95695

# Two great ways to get the benefits you deserve.

|  |             | MyCare (HMO)   | MyCare Plus (HMO) |
|--|-------------|----------------|-------------------|
| Monthly premium  |             | \$0            | \$99              |
| Annual Part C deductible (excluding prescription drug costs) |             | \$0            | \$0               |
| Annual out-of-pocket limit                                   |             | \$7,000        | \$5,500           |
| GENERAL CARE COPAYS  |             |                |                   |
| Primary care physician (PCP)                                 |             | \$15           | \$0               |
| Specialist   |             | \$25           | \$20              |
| Telehealth   |             | \$25           | \$20              |
| Urgent care  |             | \$25           | \$20              |
| Emergency  |             | \$90           | \$90              |
| INPATIENT CARE COPAYS  |             |                |                   |
| Inpatient hospital   | Days 1-5    | \$265/day      | \$175/day         |
|  | Days 6-90   | \$0/day        | \$0/day           |
| Skilled nursing facility                                     | Days 1-20   | \$0/day        | \$0/day           |
|  | Days 21-100 | \$150/day      | \$150/day         |
| OUTPATIENT CARE COPAYS                                       |             |                |                   |
| Hospital surgery   |             | \$250          | \$200             |
| Ambulance  |             | \$250          | \$250             |
| Radiological diagnostic services                             |             | \$60           | \$50              |
| Diagnostic tests   |             | \$10           | \$0               |
| Lab services   |             | \$0            | \$0               |
| X-rays   |             | \$10           | \$0               |
| WELLNESS COPAYS & BENEFITS                                   |             |                |                   |
| Medicare-covered preventive services                         |             | \$0            | \$0               |
| Vision (routine eye exams)                                   |             | \$25           | \$20              |
| Hearing (Medicare-covered exams)                             |             | \$25           | \$20              |
| Chiropractic services*                                       |             | \$20           | \$20              |
| Acupuncture*   |             | \$20           | \$20              |
| Fitness benefit  |             | 0% coinsurance | 0% coinsurance    |
| Over-the-counter allowance (for health-related items)        |             | \$50/quarter   | \$100/quarter     |

\* Annual visit limits apply.

## Prescription drug copays

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

## Plus, lots of extras!



\$20/\$25 copay for eyewear  
(contact lenses, eye glasses up  
to \$100 per 2 years)



\$20 or \$25 telehealth visits



\$0 Silver&Fit® fitness benefit



\$50 or \$100 a quarter for  
over-the-counter purchases



\$20 chiropractic and  
acupuncture visits



24/7 access to Nurse24  
advice line



Assist America global  
emergency services

## Look online for your Evidence of Coverage.



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

For your convenience and to cut down on paper, your EOC is easily accessible at [mywha.org/MyCareEOC](https://mywha.org/MyCareEOC). EOCs will be available online by October 15, 2020.

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



## Your drug formulary and network directory are online.



You can access your plan's prescription drug formulary online at [mywha.org/MyCareDrugList](https://mywha.org/MyCareDrugList) as well as your network provider and pharmacy directory at [mywha.org/MyCareDoctors](https://mywha.org/MyCareDoctors) after October 15, 2020.

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

# Pre-Enrollment Checklist

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

## Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [mywha.org/MyCareEOC](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, 2022.
- ☐ 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)

# **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](https://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](https://medicare.westernhealth.com)

## Helpful resources

- Visit [mywha.org/MyCareLogin](https://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](https://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](https://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<br>You must continue to pay your Medicare Part B premium.  |
| Deductible                                |                                 | \$0<br>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;<br>\$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<br>Copay is waived if you are admitted to the hospital.   |
| Urgently Needed Services                  |                                 | \$25 copay<br>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/<br/>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<br>\$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;<br>\$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;<br>\$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:<br>\$0 copayment<br>Preferred:<br>\$0 copayment   | Standard:<br>\$0 copayment<br>Preferred:<br>\$0 copayment     | Standard:<br>\$0 copayment<br>Preferred:<br>\$0 copayment     |
| Tier 2 (Generic)                           | Standard:<br>\$10 copayment<br>Preferred:<br>\$5 copayment  | Standard:<br>\$20 copayment<br>Preferred:<br>\$10 copayment   | Standard:<br>\$30 copayment<br>Preferred:<br>\$15 copayment   |
| Tier 3 (Preferred Brand)                   | Standard:<br>\$47 copayment<br>Preferred:<br>\$40 copayment   | Standard:<br>\$94 copayment<br>Preferred:<br>\$80 copayment   | Standard:<br>\$141 copayment<br>Preferred:<br>\$120 copayment |
| Tier 4 (Non-Preferred Drug)                | Standard:<br>\$100 copayment<br>Preferred:<br>\$100 copayment   | Standard:<br>\$200 copayment<br>Preferred:<br>\$200 copayment | Standard:<br>\$300 copayment<br>Preferred:<br>\$300 copayment |
| Tier 5 (Specialty)                         | Standard:<br>33% of the total cost<br>Preferred:<br>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

|   |   |  |  |
|---|---|--|--|
| Coverage Gap<br>(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 <b>\$4,130</b> .<br><br>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. |  |  |
| Standard and Preferred Retail Cost Sharing      |   |  |  |
|   | Up to 30 days   | Up to 60 days  | Up to 90 days  |
| Tier 1 (Preferred Generic)                      | Standard:<br>\$5 copayment<br>Preferred:<br>\$0 copayment   | Standard:<br>\$10 copayment<br>Preferred:<br>\$0 copayment | Standard:<br>\$15 copayment<br>Preferred:<br>\$0 copayment |
| Tier 2 (Generic)                                | 25% of the cost   | 25% of the cost  | 25% of the cost  |
| Tier 3 (Preferred Brand)                        | 25% of the cost   | 25% of the cost  | 25% of the cost  |
| Tier 4 (Non-Preferred Drug)                     | 25% of the cost   | 25% of the cost  | 25% of the cost  |
| Tier 5 (Specialty)                              | 25% of the cost   | Not covered  | Not covered  |
| Catastrophic Coverage<br>(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>\$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.   |  |  |

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

# **2021 Summary of Benefits**

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## **Western Health Advantage MyCare Plus (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 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.

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

## Helpful resources

- Visit [mywha.org/MyCareLogin](https://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](https://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](https://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

|   |                                 |  |
|---|---------------------------------|--|
| Monthly Plan Premium                      |                                 | \$99<br>In addition, you must continue to pay your Medicare Part B premium.                                  |
| Deductible                                |                                 | \$0<br>There is no yearly deductible for medical services.   |
| Maximum Out-of-Pocket Responsibility      |                                 | Your yearly limit(s) for this plan:  |
|   |                                 | In-network: \$5,500  |
| <b>Benefits</b>                           |                                 | <b>What You Pay</b>  |
| Inpatient Hospital Coverage <sup>1</sup>  |                                 | \$175 copay per day for days 1-5 of a benefit period;<br>\$0 copay per day for days 6-90 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                           |                                 | You pay nothing  |
| Emergency Care                            |                                 | \$90 copay<br>Copay is waived if you are admitted to the hospital.   |
| Urgently Needed Services                  |                                 | \$20 copay<br>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 Plus

| Benefits   |   | What You Pay  |
|--|---|---|
| <b>Diagnostic Services/<br/>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 per day   |
|  | Diagnostic tests and procedures                                 | \$0 copay per day   |
|  | Lab services  | \$0 copay   |
| <b>Hearing Services<sup>2</sup></b>                        | Medicare-covered  | \$20 copay  |
| <b>Dental Services<sup>1</sup></b>                         | Medicare-covered  | \$0 copay   |
| <b>Vision Services</b>                                     | Medicare-covered exams/screening                                | \$20 copay per exam<br>\$0 copay for glaucoma screening   |
|  | 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 |
| <b>Mental Health Services</b>                              | Inpatient visit <sup>1</sup>                                    | \$175 copay per day for days 1-5 of a benefit period;<br>\$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;<br>\$150 copay per day for days 21-100, per benefit period                             |
| Physical therapy <sup>1,2</sup>                            |   | \$0 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 Plus

| 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 20 routine visits each year (routine chiropractic and acupuncture services combined)        |
| Over-the-Counter items                        | Plan covers up to \$100 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 Plus

| 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:<br>\$0 copayment<br>Preferred:<br>\$0 copayment   | Standard:<br>\$0 copayment<br>Preferred:<br>\$0 copayment     | Standard:<br>\$0 copayment<br>Preferred:<br>\$0 copayment     |
| Tier 2 (Generic)                           | Standard:<br>\$10 copayment<br>Preferred:<br>\$5 copayment  | Standard:<br>\$20 copayment<br>Preferred:<br>\$10 copayment   | Standard:<br>\$30 copayment<br>Preferred:<br>\$15 copayment   |
| Tier 3 (Preferred Brand)                   | Standard:<br>\$45 copayment<br>Preferred:<br>\$35 copayment   | Standard:<br>\$90 copayment<br>Preferred:<br>\$70 copayment   | Standard:<br>\$135 copayment<br>Preferred:<br>\$105 copayment |
| Tier 4 (Non-Preferred Drug)                | Standard:<br>\$100 copayment<br>Preferred:<br>\$90 copayment  | Standard:<br>\$200 copayment<br>Preferred:<br>\$180 copayment | Standard:<br>\$300 copayment<br>Preferred:<br>\$270 copayment |
| Tier 5 (Specialty)                         | Standard:<br>33% of the total cost<br>Preferred:<br>33% of the total cost   | Not covered   | Not covered   |



# Prescription Drug Benefits

## Western Health Advantage MyCare Plus

| 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)    | \$45 copayment        | \$90 copayment  | \$112.50 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 Plus

|   |   |   |   |
|---|---|---|---|
| Coverage Gap<br>(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 <b>\$4,130</b> .<br><br>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. |   |   |
| Standard and Preferred Retail Cost Sharing      |   |   |   |
|   | Up to 30 days   | Up to 60 days   | Up to 90 days   |
| Tier 1 (Preferred Generic)                      | Standard:<br>\$0 copayment<br>Preferred:<br>\$0 copayment   | Standard:<br>\$0 copayment<br>Preferred:<br>\$0 copayment | Standard:<br>\$0 copayment<br>Preferred:<br>\$0 copayment |
| Tier 2 (Generic)                                | 25% of the cost   | 25% of the cost   | 25% of the cost   |
| Tier 3 (Preferred Brand)                        | 25% of the cost   | 25% of the cost   | 25% of the cost   |
| Tier 4 (Non-Preferred Drug)                     | 25% of the cost   | 25% of the cost   | 25% of the cost   |
| Tier 5 (Specialty)                              | 25% of the cost   | Not covered   | Not covered   |
| Catastrophic Coverage<br>(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>\$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.   |   |   |

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 این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. لطفاً با شماره تلفن 888.563.2250 تماس بگیرید. افراد ناشنوا می توانند به شماره 711 پیام تاپیی ارسال کنند

## 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 أية تكلفة. للتحدث مع مترجم اتصل بـ 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। ਦੁਆਰੀਏ 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, អ្នកមានសិទ្ធិទទួលជំនួយនឹងព័ត៌មាន នៅក្នុងភាសាបស់អ្នក ដោយមិនអស់ប្រាក់។ ដើម្បីនិយាយជាមួយអ្នកបកប្រែ សូមទូរស័ព្ទ 888.563.2250 ឬ TTY សម្រាប់អ្នកត្រចៀកឆ្អឹង 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 หรือคนที่กำลังช่วยเหลือมีคำถามเกี่ยวกับ 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.





## EXHIBIT 1: MODEL INDIVIDUAL ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN (PART C) OR MEDICARE PRESCRIPTION DRUG PLAN (PART D)

### Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan or Medicare Prescription Drug Plan

### To join a plan, you must:

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

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

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

### When do I use this form?

You can join a plan:

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

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

### What do I need to complete this form?

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

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

### Reminders:

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

### What happens next?

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

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

Scan and fax pages to: 916.678.5441

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

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

#### IMPORTANT

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



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

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

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

FIRST name LAST name MIDDLE initial

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

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

City County State ZIP Code

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

Street address City State Zip code

**Your Medicare information:**

Medicare Number Hospital (Part A) Effective Date Medical (Part B) Effective Date

**Answer these important questions:**

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

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

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

Name of other coverage

ID number for this coverage Group number for this coverage

Check all that apply: ☐ Medical ☐ Vision ☐ Dental ☐ Prescription



## IMPORTANT – Read and sign below:

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

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Today's date

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

|                  |                                    |
|------------------|------------------------------------|
| _____<br>Name    | (____) ____ - ____<br>Phone number |
| _____<br>Address | _____<br>Relationship to enrollee  |

### AGENT USE ONLY

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

**Agent signature:** \_\_\_\_\_

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



## Section 2 – All fields on this page are optional

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

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

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

☐ Braille ☐ Large print ☐ Audio CD

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

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

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

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### 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 recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date): ____/____/____   |
| <input type="checkbox"/> I am leaving employer or union coverage on (insert date): ____/____/____   | <input type="checkbox"/> I belong to a pharmacy assistance program provided by my state.  |
| <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 left a PACE program 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 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.  |
| <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 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): ____/____/____<br>I moved/will move out of the facility 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 recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date): ____/____/____  |
| <input type="checkbox"/> I recently was released from incarceration. I was released on (insert date): ____/____/____  | <input type="checkbox"/> My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan (insert date): ____/____/____  |
| <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 recently obtained lawful presence status in the United States. I got this status on (insert date): ____/____/____  |   |



☐ 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 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 was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

☐ I was impacted by a significant network change with my current plan and was notified on (insert date): \_\_\_\_ \_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_ \_\_\_\_

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







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

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

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

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.