

Western  
Health  
Advantage



## Choosing your health coverage with Western Health Advantage



**YOUR BENEFITS** | 2019

**advantage** > **you**



[choosewha.com/OE](http://choosewha.com/OE)



advantage > we're passionate about health care .....



We are all about helping people obtain quality health care. We also support medical innovation and promote whole-person health to suit the various needs of the communities we serve. We are here to help you stay healthy and facilitate the care you need when you need it.

## we're community-focused

We pride ourselves in being the choice of thousands —from Penryn to Petaluma and Sacramento to San Jose. Your community is our community. We strengthen our neighborhoods and enrich the lives of community members by supporting local organizations. Supporting the communities where we live and work is one of our core values.

## added value for members

Emergency assistance **when you travel**  
When you travel 100 or more miles from home you are eligible for assistance with medical consultations and referrals, care of a minor child, lost luggage and more.  
[Assist America](#) > [mywha.org/travel](#)

Call or chat for **nurse advice**  
Around-the-clock access to registered nurses who are ready to answer your general health questions, including direct referrals to disease management nurses.  
[Nurse24](#) > [mywha.org/nurse24](#)

Access your health plan with **MyWHA**  
You can securely access your member ID card, view benefit details and map directions to your doctor's office from your desktop or smartphone.  
[Mobile Apps](#) > [mywha.org/apps](#)

Keep in touch with **personal portals**  
You have options for communicating with your doctor. Most of our partners have online capabilities such as scheduling appointments, viewing lab test results and accessing your medical record.  
[Digital Access](#) > [mywha.org/connect](#)

We encourage **healthy lifestyles**  
Our MyWHA Wellness online portal keeps your health status right at your fingertips. Complete an assessment, set goals and follow an action plan.  
[Wellness Portal](#) > [mywha.org/wellness](#)



## our facilities



## we're proud of our reputation

Since 1996, we've been a reliable partner in the communities we serve. We are known for acting with integrity and for interacting honestly with our partners. We build personal relationships with our members, providers, and communities. As a provider-sponsored health plan, we support the doctor-patient relationship and offer access to quality doctors and hospitals.



Note: A member's access to doctors and hospitals may vary. Search [choosewha.com/directory](https://www.choosewha.com/directory) for details.

### Alameda County

- Alameda Hospital
- Highland Hospital
- San Leandro Hospital
- UCSF Benioff Children's Hospital, Oakland
- Washington Hospital

### Contra Costa County

- John Muir Medical Center, Concord
- John Muir Medical Center, Walnut Creek
- San Ramon Regional Medical Center

### Marin County

- Marin General Hospital

### Napa County

- Queen of the Valley Medical Center

### Sacramento County

- Mercy General Hospital
- Mercy Hospital of Folsom
- Mercy San Juan Medical Center
- Methodist Hospital of Sacramento

### San Francisco County

- Saint Francis Memorial Hospital
- St. Mary's Medical Center
- UCSF Benioff Children's Hospital at Mission Bay
- UCSF Medical Center at Mission Bay
- UCSF Medical Center at Parnassus

### San Mateo County

- Sequoia Hospital

### Santa Clara County

- Regional Medical Center of San Jose
- Good Samaritan Hospital

### Solano County

- NorthBay Medical Center
- NorthBay VacaValley Hospital

### Sonoma County

- Healdsburg District Hospital
- Petaluma Valley Hospital
- Santa Rosa Memorial Hospital
- Sonoma Valley Hospital
- Sonoma West Medical Center

### Yolo County

- Woodland Memorial Hospital

# PREMIER 20 HMO

## COPAYMENT SUMMARY a uniform health plan benefit and coverage matrix

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE/DISCLOSURE FORM AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

### cost to member DEDUCTIBLE

none Deductible amount

### ANNUAL OUT-OF-POCKET MAXIMUM

The out-of-pocket maximum is the most a member will pay in a calendar year for covered services. Once copayment costs reach the annual out-of-pocket maximum, WHA will cover 100% of the covered services for the remainder of the calendar year. Amounts paid for non-covered services do not count toward a member's out-of-pocket maximum.

\$1,500 Self-only coverage  
 \$1,500 Individual with Family coverage  
 \$2,500 Family coverage  
 none Lifetime maximum

### Preventive Care Services

none Preventive care services, including laboratory tests, as outlined under the Preventive Services Covered without Cost-Sharing section of the EOC/DF

- Annual physical examinations and well baby care
- Immunizations, adult and pediatric
- Women's preventive services
- Routine prenatal care and lab tests, and first post-natal visit
- Breast, cervical, prostate, colorectal and other generally accepted cancer screenings

Note: Procedures resulting from screenings are not considered preventive care. In order for a service to be considered "preventive," the service must have been provided or ordered by your PCP or OB/GYN, and the primary purpose of the visit must have been to obtain the preventive service. Otherwise, you will be responsible for the cost of the office visit as described in this copayment summary.

### Professional Services

\$20 per visit Office visits, primary care physician (PCP)  
 \$20 per visit Office visits, specialist  
 \$20 per visit\*\* Vision and hearing examinations  
 \$20 per visit Family planning services

### Outpatient Services

Outpatient surgery

- Performed in office setting
- Performed in facility — facility fees
- Performed in facility — professional services

none Dialysis, infusion therapy and radiation therapy  
 none Laboratory tests, X-ray and diagnostic imaging  
 none Imaging (CT/PET scans and MRIs)  
 \$5 per visit Therapeutic injections, including allergy shots

### Hospitalization Services

none Facility fees — semi-private room and board and hospital services for acute care or intensive care, including:

- Newborn delivery (private room when determined medically necessary by a participating provider)
- Use of operating and recovery room, anesthesia, inpatient drugs, X-ray, laboratory, radiation therapy, blood transfusion services, rehabilitative services, and nursery care for newborn babies

none Professional inpatient services, including physician, surgeon, anesthesiologist and consultant services

**cost to member Urgent and Emergency Services**

Outpatient care to treat an injury or sudden onset of an acute illness within or outside the WHA Service Area:

- |                 |   |
|-----------------|---|
| \$20 per visit  | • Physician's office  |
| \$35 per visit  | • Urgent care center  |
| \$100 per visit | • Emergency room — facility fees (waived if admitted)   |
| none            | • Emergency room — professional services  |
| none            | • Ambulance service as medically necessary or in a life-threatening emergency (including 911) |

**Prescription Coverage**

Outpatient prescription medications are excluded, unless the Employer has selected an optional prescription rider plan (see your Prescription Copayment Summary, if applicable).

**Durable Medical Equipment (DME)**

- |      |  |
|------|--|
| 20%* | Durable medical equipment (excluding orthotic and prosthetic devices) when determined by a participating physician to be medically necessary and when authorized in advance by WHA |
| \$20 | Orthotics and prosthetics when determined by a participating physician to be medically necessary and when authorized in advance by WHA   |

**Behavioral Health Services**

Mental Health Disorders and Substance Abuse

- |                |   |
|----------------|---|
| \$20 per visit | • Office visit  |
| none           | • Outpatient services   |
| none           | • Inpatient hospital services, including detoxification — provided at a participating acute care facility |
| none           | • Inpatient hospital services — provided at residential treatment center                                  |
| none           | • Inpatient professional services, including physician services   |

Mental health disorders means disturbances or disorders of mental, emotional or behavioral functioning, including Severe Mental Illness and Serious Emotional Disturbance of Children (SED).

**Other Health Services**

- |                  |   |
|------------------|---|
| none             | Home health care when prescribed by a participating physician and determined to be medically necessary, up to 100 visits in a calendar year   |
| none             | Skilled nursing facility, semi-private room and board, when medically necessary and arranged by a primary care physician, including drugs and prescribed ancillary services, up to 100 days per calendar year   |
| none             | Hospice services  |
| \$20 per visit   | Habilitation services   |
| \$20 per visit   | Outpatient rehabilitative services, including: <ul style="list-style-type: none"> <li>• Physical therapy, speech therapy and occupational therapy, when authorized in advance by WHA and determined to be medically necessary</li> <li>• Respiratory therapy, cardiac therapy and pulmonary therapy, when authorized in advance by WHA and determined to be medically necessary and to lead to continued improvement</li> </ul> |
| none             | Inpatient rehabilitation  |
| 20%*             | Home self-injectable medication, up to \$100 maximum copay per 30-day supply, limited to a 30-day supply; insulin is covered under the prescription benefit   |
|                  | Acupuncture and chiropractic services, provided through Landmark Healthplan of California, Inc., when determined to be medically necessary, no PCP referral required  |
| \$15 per visit   | • Acupuncture, up to 20 visits per year   |
| \$15 per visit** | • Chiropractic care, up to 20 visits per year   |

\* Percentage copayments are based upon WHA's contracted rates with the provider of service.

\*\* Copayments do not contribute to the medical out-of-pocket maximum.



# ADVANTAGE 420 HMO

## COPAYMENT SUMMARY a uniform health plan benefit and coverage matrix

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### cost to member **DEDUCTIBLE**

none Deductible amount

### **ANNUAL OUT-OF-POCKET MAXIMUM**

The out-of-pocket maximum is the most a member will pay in a calendar year for covered services. Once copayment costs reach the annual out-of-pocket maximum, WHA will cover 100% of the covered services for the remainder of the calendar year. Amounts paid for non-covered services do not count toward a member's out-of-pocket maximum.

- \$2,500 Self-only coverage
- \$2,500 Individual with Family coverage
- \$4,500 Family coverage
- none Lifetime maximum

### **Preventive Care Services**

none Preventive care services, including laboratory tests, as outlined under the Preventive Services Covered without Cost-Sharing section of the EOC/DF

- Annual physical examinations and well baby care
- Immunizations, adult and pediatric
- Women's preventive services
- Routine prenatal care and lab tests, and first post-natal visit
- Breast, cervical, prostate, colorectal and other generally accepted cancer screenings

Note: Procedures resulting from screenings are not considered preventive care. In order for a service to be considered "preventive," the service must have been provided or ordered by your PCP or OB/GYN, and the primary purpose of the visit must have been to obtain the preventive service. Otherwise, you will be responsible for the cost of the office visit as described in this copayment summary.

### **Professional Services**

- \$20 per visit Office visits, primary care physician (PCP)
- \$20 per visit Office visits, specialist
- \$20 per visit\*\* Vision and hearing examinations
- \$20 per visit Family planning services

### **Outpatient Services**

- Outpatient surgery
  - Performed in office setting
- \$20 per visit
- \$100 per visit
  - Performed in facility — facility fees
  - Performed in facility — professional services
- none Dialysis, infusion therapy and radiation therapy
- none Laboratory tests, X-ray and diagnostic imaging
- none Imaging (CT/PET scans and MRIs)
- \$5 per visit Therapeutic injections, including allergy shots

### **Hospitalization Services**

- \$500 per day, days 1-5 Facility fees — semi-private room and board and hospital services for acute care or intensive care, including:
  - Newborn delivery (private room when determined medically necessary by a participating provider)
  - Use of operating and recovery room, anesthesia, inpatient drugs, X-ray, laboratory, radiation therapy, blood transfusion services, rehabilitative services, and nursery care for newborn babies
- none Professional inpatient services, including physician, surgeon, anesthesiologist and consultant services

**cost to member Urgent and Emergency Services**

Outpatient care to treat an injury or sudden onset of an acute illness within or outside the WHA Service Area:

- |                 |   |
|-----------------|---|
| \$20 per visit  | • Physician's office  |
| \$35 per visit  | • Urgent care center  |
| \$100 per visit | • Emergency room — facility fees (waived if admitted)   |
| none            | • Emergency room — professional services  |
| none            | • Ambulance service as medically necessary or in a life-threatening emergency (including 911) |

**Prescription Coverage**

Outpatient prescription medications are excluded, unless the Employer has selected an optional prescription rider plan (see your Prescription Copayment Summary, if applicable).

**Durable Medical Equipment (DME)**

- |      |  |
|------|--|
| 20%* | Durable medical equipment (excluding orthotic and prosthetic devices) when determined by a participating physician to be medically necessary and when authorized in advance by WHA |
| \$20 | Orthotics and prosthetics when determined by a participating physician to be medically necessary and when authorized in advance by WHA   |

**Behavioral Health Services**

Mental Health Disorders and Substance Abuse

- |                         |   |
|-------------------------|---|
| \$20 per visit          | • Office visit  |
| none                    | • Outpatient services   |
| \$500 per day, days 1-5 | • Inpatient hospital services, including detoxification — provided at a participating acute care facility |
| \$125 per day, days 1-5 | • Inpatient hospital services — provided at residential treatment center                                  |
| none                    | • Inpatient professional services, including physician services   |
- Mental health disorders means disturbances or disorders of mental, emotional or behavioral functioning, including Severe Mental Illness and Serious Emotional Disturbance of Children (SED).

**Other Health Services**

- |                         |   |
|-------------------------|---|
| none                    | Home health care when prescribed by a participating physician and determined to be medically necessary, up to 100 visits in a calendar year   |
| \$500 per day, days 1-5 | Skilled nursing facility, semi-private room and board, when medically necessary and arranged by a primary care physician, including drugs and prescribed ancillary services, up to 100 days per calendar year   |
| none                    | Hospice services  |
| \$20 per visit          | Habilitation services   |
| \$20 per visit          | Outpatient rehabilitative services, including: <ul style="list-style-type: none"> <li>• Physical therapy, speech therapy and occupational therapy, when authorized in advance by WHA and determined to be medically necessary</li> <li>• Respiratory therapy, cardiac therapy and pulmonary therapy, when authorized in advance by WHA and determined to be medically necessary and to lead to continued improvement</li> </ul> |
| \$500 per day, days 1-5 | Inpatient rehabilitation  |
| 20%*                    | Home self-injectable medication, up to \$100 maximum copay per 30-day supply, limited to a 30-day supply; insulin is covered under the prescription benefit   |
|                         | Acupuncture and chiropractic services, provided through Landmark Healthplan of California, Inc., when determined to be medically necessary, no PCP referral required  |
| \$15 per visit          | • Acupuncture, up to 20 visits per year   |
| \$15 per visit**        | • Chiropractic care, up to 20 visits per year   |

\* Percentage copayments are based upon WHA's contracted rates with the provider of service.

\*\* Copayments do not contribute to the medical out-of-pocket maximum.



# INFERTILITY BENEFIT

## COPAYMENT SUMMARY

### INFERTILITY SERVICES

Covered Infertility services generally include consultations, examinations, diagnostic services whether performed in a physician's office or in a hospital or other facility, and medications. All covered Infertility services, including the diagnostic work-up and testing to establish a cause of "Infertility", require a 50% copayment, which is based on WHA's contracted charges. All covered Infertility services must receive prior authorization and are subject to the exclusions and limitations set forth in this Copayment Summary.

"Infertility" is defined as a condition of being infertile. A member is considered infertile if there is the presence of a demonstrated condition recognized by a licensed physician and surgeon as a cause of infertility or she or he is unable to conceive a pregnancy or to carry a pregnancy to a live birth or produce conception after one (1) year of regular, unprotected heterosexual intercourse, or if the female partner is over age 35 years, after 6 months of regular, unprotected heterosexual intercourse. A woman without a male partner may be considered infertile if she is unable to conceive after at least 12 cycles of supervised artificial/donor insemination (6 cycles for women 35 years or older).

### COVERED SERVICES — 50% COPAYMENT\*

- Services and supplies for diagnosis and treatment of involuntary infertility
- Artificial insemination (except for donor semen or eggs, and services and supplies related to their procurement and storage), subject to a maximum of one treatment period of up to three (3) cycles per Lifetime+
- One Gamete Intra-Fallopian Transfer (GIFT) or In Vitro Fertilization per Lifetime+
- Medications for the treatment of Infertility

Genetic testing and counseling are covered benefits when medically indicated and are not subject to the Infertility Benefit copayments.

### EXCLUSIONS AND LIMITATIONS

In addition to exclusions and limitations described under Covered Services, the following apply:

- The member must be diagnosed with "Infertility" as defined in this Copayment Summary.
- All covered Infertility services must be prior authorized by WHA.
- Services and supplies to reverse voluntary, surgically induced infertility are excluded.
- All services involved in surrogacy, including but not limited to embryo transfers, services and supplies related to donor sperm or sperm preservation for artificial insemination, are excluded.
- Frozen embryo transfers and Zygote Intra-Fallopian Transfer (ZIFT) are excluded.
- Intracytoplasmic Sperm Injection (ICSI) is excluded.
- Ova sticks (a self-test for infertility) are excluded.
- Ovum transfer/transplants or uterine lavage as part of infertility diagnosis or treatment is excluded.
- All services related to the sperm donor, including the collection of the sperm, are excluded.
- Sperm storage is excluded.
- Treatment of infertility as a result of previous/prevaling elective vasectomy or tubal ligation, including, but not limited to, procedure reversal attempts and infertility treatment after reversal attempts, is excluded.
- Artificial insemination in the absence of a diagnosis of Infertility is excluded.
- Treatment of female sterility in which a donor ovum would be necessary (e.g., post-menopausal syndrome) is excluded.
- Experimental and/or investigational diagnostic studies, procedures or drugs used to treat or determine the cause of infertility are excluded.
- Laboratory medical procedures involving the freezing or storing of sperm, ovum and/or pre-embryos are excluded.
- Inoculation of a woman with partner's white cells is excluded (considered experimental).

\* Copayments for covered Infertility services do not contribute to the annual out-of-pocket maximum of your medical plan with Western Health Advantage.

+ "Lifetime" refers to services obtained during the member's life, including services provided under any other health insurance or HMO.

# PRESCRIPTION H

## COPAYMENT SUMMARY

Western Health Advantage shall cover Prescription medications at Participating Pharmacies, prescribed in connection with a covered service and subject to conditions, limitations and exclusions stated in the Combined Evidence of Coverage and Disclosure Form (EOC/DF) located on the MyWHA Plan toolbar at [mywha.org](http://mywha.org).

Medications on a member's **three-tier prescription plan** are categorized as follows in WHA's **Preferred Drug List (PDL)**:

- Preferred generic medications listed on the PDL are covered at the lowest tier copayment level
- Preferred brand name medications listed on the PDL are provided at the second tier copayment level
- Non-preferred drugs listed on the PDL are covered at the third tier copayment level

The PDL is a listing of medications developed by WHA's Pharmacy and Therapeutics Committee as drugs of choice in their respective tiers. Drugs are evaluated regularly by the committee to ensure rational and cost-effective use of pharmaceutical agents. The committee reviews all medications for their efficacy, quality, safety, similar alternatives and cost in determining their inclusion on the PDL.

Please note that a drug's presence on the WHA PDL does not guarantee that the member's physician will prescribe the drug. There are a small number of drugs, regardless of tier, that may require prior authorization to ensure appropriate use based on criteria set by the committee.

Members may request a copy of the PDL by calling WHA Member Services or view the document online at [mywha.org/pharmacy](http://mywha.org/pharmacy).

### PRESCRIPTION COPAYMENTS

Walk-In Pharmacy (up to 30-day supply)	Cost to Member
Tier 1 – Preferred generic medication	\$10
Tier 2 – Preferred brand name medication*	\$30
Tier 3 – Non-preferred medication*	\$50

Mail Order (up to 90-day supply)	Cost to Member
Tier 1 – Preferred generic medication	\$25
Tier 2 – Preferred brand name medication*	\$75
Tier 3 – Non-preferred medication*	\$125

The following prescription medications are covered at no cost to the member (generic required if available): aspirin, folic acid (including in prenatal vitamins), fluoride for preschool age children, tobacco cessation medication and women's contraceptives.

### Covered Prescription Medications

- Oral medications that require a Prescription by state or federal law, written by a Participating Physician, or a pharmacist if allowed by law, and dispensed by a Participating Pharmacy.
- Covered Prescription medications dispensed by a non-Participating Pharmacy outside of WHA's service area for urgent or emergency care only (the receipt may be submitted to WHA for reimbursement).
- Compounded Prescriptions for which there is no FDA-approved alternative and which contain at least one Prescription ingredient.
- Insulin, insulin syringes with needles, glucose test strips and tablets.
- Oral contraceptives and diaphragms.

At walk-in pharmacies if the actual cost of the prescription is less than the applicable copayment, the member will only be responsible for paying the actual cost of the medication.

Prescription copayments contribute to the medical annual out-of-pocket maximum.

\*Regardless of medical necessity or generic availability, the member will be responsible for the applicable copayment when a Tier 2 or Tier 3 medication is dispensed. If a Tier 1 medication is available and the member elects to receive a Tier 2 or Tier 3 medication without medical indication from the prescribing physician, the member will be responsible for the difference in cost between the Tier 1 and the purchased medication in addition to the Tier 1 copayment. The amount paid for the difference in cost does not contribute to the medical out-of-pocket maximum.

# PRESCRIPTION BENEFITS

You may either go to a retail pharmacy or use home delivery to obtain any prescription medications that you need.

**Retail pharmacies.** To find a walk-in pharmacy near you, search at [mywha.org/directory](https://mywha.org/directory) or call WHA's prescription benefit manager Express Scripts® at 800.903.8664.

**Specialty medications.** WHA members must use WHA's specialty pharmacy network rather than local retail pharmacies to obtain specialty medications, as described in the EOC/DF. These are medications that treat complex, chronic and/or rare conditions and require a high degree of medication management.

**Home delivery.** If you are taking prescription medications on an ongoing basis, consider Express Scripts' mail order program. By using mail order, you'll save money, time and effort. Your medications can be refilled by phone or online and will be delivered straight to your home or work—whichever you prefer.

**Get the cost savings of home delivery at Walgreens retail pharmacy.** WHA is delivering more choices for 90-day fills of maintenance medications with **Smart90® with Express Scripts®**. You can obtain a 90-day supply at a Walgreens retail pharmacy for less than it would cost to fulfill three one-month orders. Bring any prescription that has at least a three-month refill to Walgreens to obtain your 90-day supply.

Note: The Smart90 program applies only to Walgreens and does not apply to specialty drugs. Members may also continue to obtain their maintenance medications through our mail order program.



## Online and mobile prescription resources

Visit [mywha.org/Rx](https://mywha.org/Rx) to:

- View or download our preferred drug list (PDL)
- Search for a participating pharmacy
- Get directions and contact information for your selected pharmacy
- Price prescription medications

Create your online account at [express-scripts.com](https://express-scripts.com) to:

- Sign up for home delivery
- Refill and renew prescriptions
- Track your prescriptions and home delivery refills
- View claims, balances and prescription history
- Manage account settings and payment methods

Download the app at [express-scripts.com/mobile](https://express-scripts.com/mobile) to:

- Refill and renew your prescription
- Keep a list of prescriptions (with an option to add over-the-counter drugs, vitamins and supplements)
- Set reminders for yourself and other family members to take or refill them
- Receive notifications of any potentially harmful interactions when taking multiple medications

**CREATE AN ACCOUNT WITH EXPRESS SCRIPTS** | Call **800.903.8664** or visit [express-scripts.com](https://express-scripts.com)



# CAM BENEFITS

**Complementary and Alternative Medicine, covered as part of your WHA plan, is provided by Landmark Healthplan of California, Inc.**

Your medical plan includes up to 20 medically necessary visits annually [for each acupuncture and chiropractic care]. See your medical plan's copayment summary to determine the cost of services. PCP referral is not required to receive covered services.

**Acupuncture.** Covers treatment of pain related to acute neuromusculoskeletal conditions such as dysfunction of the neck, back or joints, headaches, carpal tunnel, arthritis, allergies and asthma. Acupuncture services must be authorized. Typically covered acupuncture services include:

- Evaluation
- Electroacupuncture
- Acupressure
- Manual stimulation
- Moxibustion
- Cupping

**Chiropractic services.** Covers treatment of pain related to acute neuromusculoskeletal conditions such as low back pain, sprains and strains, headaches, neck pain and muscle spasms. Chiropractic services must be authorized. Typically covered chiropractic services include:

- History
- Examination
- Manipulation
- Conjunctive physiotherapy
- X-rays

This information is a summary of the highlights of behavioral health coverage included in WHA plans. For complete benefit information, members can refer to the Combined Evidence of Coverage and Disclosure Form (EOC/DF) on the available at [mywha.org](http://mywha.org); also available upon request.

**SELECT A LANDMARK PROVIDER** | Call **800.298.4875** or visit [www.lhp-ca.com](http://www.lhp-ca.com)

# ASSIST AMERICA



## Providing you worldwide travel assistance services.

Anytime you travel 100 miles or more away from home—even in a foreign country—WHA members benefit from assistance services from Assist America.

24 hours a day, 7 days a week, Assist America's experienced crisis management professionals work out of a state-of-the-art operations center with worldwide response capabilities to provide you with the following benefits and much more!

Please note: Urgent care and emergency care services are covered under your WHA health plan wherever you are in the world.

- A global network of expert medical providers
- Medical consultation, evaluation and referral
- Prescription assistance
- Hospital admission guarantee
- Critical care monitoring and case management
- Emergency medical evacuation
- Emergency message transmission
- Care of minor children
- Compassionate visit
- Pre-trip information
- Legal and interpreter referrals
- Lost luggage or document assistance

**LEARN MORE ABOUT ASSIST AMERICA** | Call **800.872.1414** or visit **[assistamerica.com](https://www.assistamerica.com)**

# MENTAL HEALTH



WHA gives you direct access to mental health and substance abuse services without a referral from your primary care provider.

Behavioral health resources and assistance for WHA members are available through Human Affairs International of California (HAI-CA), a subsidiary of Magellan Health Services.

Benefits may include inpatient care, outpatient care, psychiatrist evaluation and office visits, and substance abuse treatment, as defined in your plan.

Magellan care managers are skilled mental health and substance abuse experts. They work as an advocate for you. Their purpose is to assess your situation and ensure that you or your eligible dependents receive the type of assistance or care required to help relieve your concern or resolve your problem in a timely way.

Magellan also offers no-cost behavioral health prevention programs for new moms and adults recovering from a medical event.

**Look to Magellan's extensive provider directory to help find the care you need.**

**Call 800.424.1778 or search Magellan's provider directory at [magellanassist.com](http://magellanassist.com) to select a provider. When using the online search, choose "Register or Enter as a Guest" and enter our phone number [800.424.1778] for access.**

**Magellan's website offers a quick self-assessment to track treatment progress as well as life management and healthy living resources.**

This information is a summary of the highlights of behavioral health coverage included in WHA plans. For complete benefit information, members can refer to the Combined Evidence of Coverage and Disclosure Form (EOC/DF) on the available at [mywha.org](http://mywha.org); also available upon request.

# HEALTH & WELLNESS



Western Health Advantage believes you deserve every opportunity possible to reach your health and wellness goals. As a WHA member you have access to a complete suite of programs and resources.

- Online, personal wellness portal
- Gym and fitness center discounts
- Preventive care resources
- Instructor-led classes and support groups
- Healthy and delicious recipes
- 24/7 nurse advice via chat or phone

## Online, personal wellness portal

WHA's online wellness program keeps your health status right at your fingertips. MyWHA Wellness helps you set realistic wellness goals while providing the tools you need to achieve those goals.

Your health and wellness portal is the central hub for all wellness program components. Once you create your new online account, you can get started by taking the wellness assessment. It will give you a wellness score along with a personalized report about your medical and behavioral health risks.

Within the portal you can set individual health goals, get personalized action plans, track your progress, access helpful health content and be part of a vibrant online community. With healthy recipes, videos, podcasts and informative articles, you'll find endless inspiration to help you reach your health improvement goals.

**TAKE YOUR WELLNESS ASSESSMENT** | Sign up with **Optum** by visiting [mywha.org/wellness](https://mywha.org/wellness)

# DIGITAL ACCESS



**WHA offers you access to your personal account via our secure, member-only website and mobile apps.**

**Sign up for access to your MyWHA account > [mywha.org](https://mywha.org)**

Your personalized online account helps in managing your health plan with the convenience of any-time access. Click “Sign Up For MyWHA Tools” and follow the prompts. All it takes is an email address and some basic information from you.

**Download our MyWHA mobile app > [mywha.org/apps](https://mywha.org/apps)**

The MyWHA mobile app provides access to your WHA member ID card, a map to your doctor’s office and details about your plan benefits right on your smartphone or tablet. Download the free app from the iTunes App Store and Google Play.

**Access your doctor online or via email > [mywha.org/connect](https://mywha.org/connect)**

Depending on your medical group’s online capabilities, you have options for staying connected with your doctor. You may be able to email your doctor, schedule an appointment, view lab results and more.

**Go online to find a wealth of resources to help you make the most of your health plan, 24 hours a day, 7 days a week!**

- Review your copayment summary(ies) and Combined Evidence of Coverage and Disclosure Form (EOC/DF)
- View your preferred drug list
- Search our extensive provider directory
- Review deductible balances if you are enrolled on a deductible plan
- Change your primary care physician
- Order/print ID cards and plan materials

**CREATE YOUR MYWHA ACCOUNT | Visit [mywha.org/personalaccess](https://mywha.org/personalaccess)**



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 and find more information online at <https://www.westernhealth.com/legal/non-discrimination-notice/>.

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 telephone, mail, fax, email, or online with: Member Services Manager, 2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833, 888.563.2250 or 916.563.2250, 888.877.5378 (TTY), 916.568.0126 (fax), [memberservices@westernhealth.com](mailto:memberservices@westernhealth.com), <https://www.westernhealth.com/legal/grievance-form/>. If you need help filing a grievance, the Member Services Manager is available to help you. For more information about the Western Health Advantage grievance process and your grievance rights with the California Department of Managed Health Care, please visit our website at <https://www.westernhealth.com/legal/grievance-form/>.

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:

Website: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>; Mail: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; Phone: 800.368.1019 or 800.537.7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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## ENGLISH

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 888.877.5378.

## 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 888.877.5378 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) 888.877.5378。

## 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 888.877.5378.

## TAGALOG

Kung ikaw, o ang iyong tinutulangan, 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 888.877.5378.

**KOREAN**

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Western Health Advantage에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 888.563.2250이나 청각 장애인용 TTY 888.877.5378로 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 888.877.5378՝ 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 ادونتیج) 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 888.877.5378 پیام تاییپی 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 TTY для лиц с нарушениями слуха по номеру 888.877.5378.

**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 اتصل بـ 888.563.2250، أو برقم الهاتف النصي (TTY) لضعاف السمع 888.877.5378.

**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 888.877.5378 'ਤੇ ਕਾਲ ਕਰੋ।

**CAMBODIAN-MON-KHMER**

ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលកំពុងជួយអ្នក មានសំណួរអំពី Western Health Advantage ទេ, អ្នកមានសិទ្ធិទទួលជំនួយនឹងព័ត៌មាននៅក្នុងភាសារបស់អ្នក ដោយមិនអស់ប្រាក់។ ដើម្បីនិយាយជាមួយអ្នកបកប្រែ សូមទូរស័ព្ទ 888.563.2250 ឬ TTY សម្រាប់អ្នកត្រចៀកធ្ងន់ តាមលេខ 888.877.5378។

**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 888.877.5378.

**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 888.877.5378 पर कॉल करो।

**THAI**

หากคุณ หรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ Western Health Advantage คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย เพื่อพูดคุยกับล่าม โทร 888.563.2250 หรือใช้TTY สำหรับคนหูหนวกโดยโทร 888.877.5378



Western  
Health  
Advantage



## we're always here for you <

Western Health Advantage is here to provide you with exceptional service. You can easily reach us in person or on the phone. We're responsive and make decisions without delay.

**Contact your Benefits Department or Western Health Advantage direct**

Call 916.563.3198 or 888.499.3198  
888.877.5378 [TDD/TYY]



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