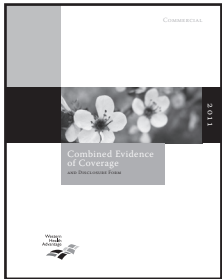


Annual Member Update

AMENDMENTS TO THE 2010 EOC/DF



Welcome to another year of health coverage from Western Health Advantage (WHA)!

Your employer is providing you this Annual Member Update as a notification of changes and updates to the Combined Evidence of Coverage and Disclosure Form (EOC/DF), one of your vital plan documents. The EOC/DF booklet for your plan is available through Personal Access at westernhealth.com, or by request.

As always, if you have questions or concerns, please contact our award-winning, local Member Services team at one of the numbers listed below. We are pleased to be a part of serving your health care needs, and appreciate your continued trust.

The following are changes for the 2011 EOC/DF*:

- Added a disclosure regarding grandfathered status under federal health care reform.
- Clarified that a Member may choose any of the designated PCPs within WHA's network, as long as the PCP is accepting new patients.
- Changed and clarified the rules for when a Member may transfer to another PCP or Medical Group; added a rule that Members aged 18+ must notify WHA of PCP changes – another adult may not do this on their behalf.
- Clarified the policy that Medically Necessary care must be provided in-network when available.
- Expanded the description of services that require Prior Authorization, and the description of Principal Benefits and Covered Services.
- Added a statement that there are no annual or lifetime dollar limits on any "essential health benefits".
- Added a new Nurse Advice Line all Members may call 24 hours a day for information or assistance with medical issues.
- Added a description of preventive services and immunizations that are available at no cost to Members.
- Added coverage for dental care that is integral to reconstructive surgery for cleft palate.
- Added a reference to the Copayment Summary for Inpatient Services for Alcoholism and Drug Abuse.
- Added a description of Case Management Services and Disease Management Programs available to Members who meet certain criteria.
- Expanded the description of eligibility requirements for Subscribers and dependents, and added a statement that failure of any Member to meet eligibility requirements is a material fact that must be reported to WHA.
- Added information about expanded eligibility for dependents up to age 26.
- Expanded the exceptions to the rule that Subscribers/dependents must enroll during the employer's Open Enrollment period.
- Clarified that Members who do not live or work in the Service Area are not eligible for continuation or conversion coverage.
- Expanded and clarified the descriptions of reasons that an individual Member's coverage may be terminated.
- Added a disclosure that some physician offices may charge a missed appointment fee if a Member misses an appointment.
- Clarified that both medical and behavioral health expenses accrue to the out-of-pocket maximum liability for Members and/or families.
- Clarified that, when a Member is covered by two plans, the Member is eligible for the number of visits in the plan with the greater benefits.
- Added a statement that WHA provides (non-English) language assistance for the Grievance, Appeal and external review processes.
- Added a right of a Member to file an Appeal of any retroactive termination of coverage; coverage may be reinstated if the Appeal is decided in the Member's favor.
- Added a statement that when a denial is issued after services have already been approved, coverage for these services will be continued during any Appeal of the denial.
- Added a statement that a Member may review WHA's Appeal file and submit testimony.

**This list is a summary only. It is not intended to be a comprehensive list of changes.*

You can view or print your EOC/DF any time by logging on to Personal Access at westernhealth.com. You may also obtain the document by calling WHA Member Services Monday through Friday, 8 a.m. to 5 p.m. as indicated to the right.

WHA Member Services
916.563.2250 local
888.563.2250 toll-free
888.877.5378 tty

El Documento Combinado de Constancia de Cobertura y Formulario de Divulgación para su plan de cobertura médica está disponible en español a través de Acceso Personal en westernhealth.com, y de Servicios para Miembros de WHA. Para ayuda gratuita en su idioma, llame por favor a Servicios para Miembros al (916) 563-2250 o gratis al (888) 563-2250, lunes a viernes de 8am a 5pm.