

Summary of Benefits 2023

January 1, 2023 – December 31, 2023

To help you make the right health care decisions, we're providing this summary of benefits to highlight what **Western Health Advantage MyCare Select (HMO)** covers and what you pay. It does not list every service that we cover or list every limitation or exclusion. 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 retired, eligible for premium-free Medicare Part A, be enrolled in Medicare Part B, meet the eligibility requirements established by the employer/union group sponsor's employment-based health coverage and live in our service area. Our service area includes Marin, Napa, Sacramento, Solano, Sonoma, Yolo and partial zip codes in Colusa, El Dorado and Placer counties in Northern California.

HELPFUL RESOURCES

- For a complete list of services that we cover, refer to the Evidence of Coverage (EOC) available on our website or request a printed copy by calling Member Services.
- Visit our website to see our plan's Provider Directory or to request a printed copy. You can also call Member Services to have a printed copy mailed to you.



WHA CALPERS MEMBER SERVICES TEAM

Call **888.WHA.PERS** (888.942.7377); 711 TTY or email whapers@westernhealth.com, available 7 days a week, 7 a.m. to 8 p.m. You can also explore our website at westernhealth.com/calpers/medicare.



Western Health Advantage MyCare Select (HMO) Medical Benefits

Retiree Medicare Advantage Plan — Effective 01.01.23

Monthly Plan Premium	\$331.11 per member per month ¹ You must continue to pay your Medicare Part B premium
Deductible	\$0 – There is no yearly deductible for medical services
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) for this plan – In-network: \$1,500

Benefits	What You Pay
Inpatient Hospital Coverage^{2,3}	\$0 copay per day of a benefit period A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care for 60 days in a row. If you go into a hospital after one benefit period has ended, a new benefit period begins. There's no limit to the number of benefit periods. Our plan covers an unlimited number of days for an inpatient hospital stay.
Doctor's office visits: Primary care physician and Specialist^{2,3}	\$0 copay
Preventive care	\$0 copay
Annual physical exam	\$0 copay
Emergency care	\$50 copay; waived if you are admitted to the hospital
Urgently needed services	\$0 copay
Diagnostic (e.g. MRI, ultrasounds, CT scans) and Therapeutic radiology services	\$0 copay
Outpatient x-rays	\$0 copay
Diagnostic tests/Procedures and lab services	\$0 copay
Skilled Nursing Facility²	\$0 copay/day (days 1-100); up to 100 days/benefit period
Physical therapy^{2,3}	\$0 copay
Ambulance²	\$0 copay for each one-way transport
Transportation	not covered

¹Individual subscriber premium only; ²Services may require prior authorization; ³Services may require a referral from your doctor

Western Health Advantage MyCare Select (HMO) Medical Benefits

Retiree Medicare Advantage Plan — Effective 01.01.23

Benefits	What You Pay
Prescription drug coverage	
Medicare Part B drugs²	0% of the cost
Medicare Part D drugs	are covered through OptumRx, not WHA learn more about prescription drug coverage at optumrx.com/calpers or by calling 1.855.505.8106
Hearing Services³	
Hearing aid fitting/evaluations	\$0 copay, up to two (2) visits annually
Hearing aids	up to \$1,000 every three (3) years
Dental Services²	
Medicare-covered	\$0 copay
Vision and Eyewear Services	
Medicare-covered exams/screening	\$0 copay
Routine vision exams including refraction	\$0 copay, up to one (1) annually
Medicare-covered eyewear	\$0 copay
Routine eyewear (contact lenses, eyewear frames and/or eyewear lenses)	up to \$200 every two (2) years
Mental Health Services	
Inpatient visits²	\$0 copay per day of a benefit period
Outpatient therapy (individual and group)	\$0 copay
Value-Added Services	
Routine chiropractic care and acupuncture	\$15 copay; up to 20 combined visits annually; refer to your plan's EOC for details on Medicare-covered services
Over-the-counter credits	up to \$100 every three months from FirstLine Essentials; unused portions do not carry over to the next quarter
Fitness program benefit	\$0 copay; access to a variety of fitness centers, virtual coaching and on-line resources through Silver&Fit
At-home meal delivery	56 meals a year, following a hospital or skilled nursing facility stay from Mom's Meals

¹Individual subscriber premium only; ²Services may require prior authorization; ³Services may require a referral from your doctor

Notice of Non-Discrimination



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

Western Health Advantage:

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

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

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

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Member Services Manager at 888.942.7377, TTY 711.

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

Mail: Western Health Advantage, Attn: Appeals and Grievances
2349 Gateway Oaks Drive, Suite 100, Sacramento, California 95833

Call: 888.942.7377, TTY 711

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

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

Call: 800.368.1019, 800.537.7697 TDD

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

Notice of Language Assistance

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888.942.7377 (TTY 711). Someone who speaks English/Language can help you. This is a free service.

Spanish

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888.942.7377 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin

我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888.942.7377 (TTY 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese

您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888.942.7377 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog

Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888.942.7377 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French

Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888.942.7377 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese

Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888.942.7377 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German

Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888.942.7377 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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

Korean

당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888.942.7377 (TTY 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian

Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888.942.7377 (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى بمساعدتك. هذه خدمة مجانية الاتصال بنا على 1-888.942.7377 (TTY 711). سيقوم شخص ما يتحدث العربية.

Hindi

हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888.942.7377 (TTY 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888.942.7377 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português

Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888.942.7377 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole

Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888.942.7377 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish

Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888.942.7377 (TTY 711). Ta usługa jest bezpłatna.

Japanese

当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888.942.7377 (TTY 711) にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。



westernhealth.com/calpers/medicare

7 days a week, 7 a.m. to 8 p.m.

888.WHA.PERS (888.942.7377)

whapers@westernhealth.com



For more about coverage and costs of Original Medicare, look in your current "Medicare & You" handbook, view it online at www.Medicare.gov or request a printed copy by calling 1.800.MEDICARE (1.800.633.4227), 24 hours a day, seven days a week. Use 1.877.486.2048 for TTY.