

Supply Requisition Form



Fax both sides of form to: 916.568.1338
 Email form to: whasales@westernhealth.com
 Mail to: 2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833
 For more information: Call 916.563.3198 or 888.449.3198 toll-free

REQUESTED BY: Broker Employer Group
 Company/
 Organization _____
 Name _____
 Phone _____
 Group Number (where applicable) _____

SHIP TO: Broker Employer Group
 Company/
 Organization _____
 Attention: Name _____
 Address _____
 City/State/Zip _____
 Phone _____

ENROLLMENT KITS: Include indicated medical copayment summary and all other documents based on plan/group.

Plan Name _____

Quantity _____ English _____ Spanish

Plan Name _____

Quantity _____ English _____ Spanish

SUPPLIES ALA CARTE

QUANTITY

	ENGLISH	SPANISH
Sales Brochure — Group Plans		N/A
Sales Brochure — Individual Plans		N/A
Benefit Comparison — Large Group Plans		N/A
Benefit Comparison — Small Group Plans		N/A
Benefit Comparison — Individual Plans		N/A
Benefit Summary Guide — Small Group Plans		N/A
Service Area Map — Group Plans		
Service Area Map — Individual		
Provider Directory		
Health Plan Basics w/ Rx		
Health Plan Basics w/o Rx		
Health Plan Basics w/ Rx — Individual		
Value-Added Benefits Flyer		N/A
Assist America Flyer		
Healthyroads Flyer		
Chiropractic/Acupuncture (CAM) Flyer		
Pediatric Dental Flyer		
Provider Capabilities Flyer		
On-the-Go Access Flyer — MyWHA		N/A
All-the-Time Access Flyer — MyWHA Group		N/A
MyWHA Basics: Guide to Managing Your Plan		N/A
MyWHA Group Basics: Guide to Managing Your Plan		N/A
Connect With Your Doctor Flyer		N/A
Optional Riders and Rates Flyer		N/A

SUPPLIES ALA CARTE

QUANTITY

	ENGLISH	SPANISH
Underwriting Guidelines		N/A
Rate Sheets — Small Group Gateway Plans		N/A
Rate Sheets — Small Group Capital Plans		N/A
Rate Sheets — Individual Advantage Plans		N/A
Employer Group Application		N/A
Sole Proprietor/Owner/Partnership Form		N/A
Declination of Coverage Form		
Enrollment/Change Form		
Enrollment/Change Form w/ Dental		
Enrollment Application and Membership Agreement — Individuals/Families		
Termination Form — Group Plans		N/A
Termination Form — Individual Plans		

See reverse for plan documents including copayment summaries, rider summaries and EOC/DFs.

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Copayment Summaries — Large Group/Existing Plans

	QUANTITY			QUANTITY	
	ENGLISH	SPANISH		ENGLISH	SPANISH
Premier 10			MHP		
Premier 15			MHP		
Premier 20			MHP		
Premier 40			MHP		
Advantage 15-30			MHP		
Advantage 420			MHP		
Advantage 70			MHP		
Advantage 40			MHP		
Western 4010			MHP		
Western 2025			MHP		
Western 4025			MHP		
Western 1800			MHP		
Western 2800B			MHP		
Western 2800			MHP		

Prescription Plans and Riders

	QUANTITY	
	ENGLISH	SPANISH
Prescription E		
Prescription H		
Prescription J		
Prescription W		
Infertility		
Full Service Vision Plan — \$0 Copay		
Full Service Vision Plan — \$10 Copay		
Eyewear Only Vision Plan — \$0 Copay		
Eyewear Only Vision Plan — \$10 Copay		
Dental — DMHO Plan 903		
Dental — PPO1 Plan 1/123		
Dental — PPO2 Plan 2/124		
Healthroads Coaching — Broker/Employer		
Healthroads Coaching — Member		

Group Service Agreement

	QUANTITY	
	ENGLISH	SPANISH
Group Service Agreement — Large		N/A
Group Service Agreement — Small		N/A

SUPPLIES ALA CARTE

Copayment Summaries — Small Group/Individual Plans

	QUANTITY	
	ENGLISH	SPANISH
Gateway 20		
Gateway 30		
Gateway 70		
Gateway 4010		
Gateway 4020		
Gateway 5020		
Gateway 1800 HSA		
Gateway 1500 HSA		
Gateway 4000B HSA		
Gateway 5500B HSA		
Capital Platinum 90		
Capital Gold 80		
Capital Silver 70		
Capital Bronze 60		
Capital Silver 70 HSA		
Capital Bronze 60B HSA		
Advantage Platinum 90		
Advantage Gold 80		
Advantage Silver 70		
Advantage Bronze 60		
Advantage Minimum Coverage		
Advantage Bronze 60B HSA		
Advantage Bronze 3000B HSA		
Advantage Bronze 5500B HSA		
Pediatric Vision		
Pediatric Dental — Low		
Pediatric Dental — High		

Evidence of Coverage & Disclosure Forms (EOC/DF)

	QUANTITY	
	ENGLISH	SPANISH
Traditional EOC		
Traditional HSA EOC		
Small Grandfathered EOC		
Small HSA Grandfathered EOC		
Small ACA-Compliant EOC		
Small HSA ACA-Compliant EOC		
Individual Advantage EOC		
Individual Advantage HSA EOC		