

2024

Summary

of Benefits

Western Health Advantage MyCare (HMO)

This plan is available in Marin, Napa, Sacramento, Solano, Sonoma and Yolo counties in Northern California.

January 1, 2024 – December 31, 2024

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 (HMO).

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 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.

- If you're a member of this plan, call us toll-free at 1.888.942.4777 (TTY 711). Hours are 8:00 a.m. to 8:00 p.m., Monday - Friday, April 1 through September 30 and 8:00 a.m. to 8:00 p.m., seven days a week, October 1 through March 31 (except holidays).
- If you're not a member of this plan, call us toll-free at 1.888.992.7494 (TTY 711). Hours are 8:00 a.m. to 8:00 p.m., Monday - Friday, April 1 through September 30 and 8:00 a.m. to 8:00 p.m., seven days a week, October 1 through March 31 (except holidays).
- You can also visit us online at medicare.westernhealth.com.

Helpful resources

- Visit mywha.org/MyCareDoctors 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, 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 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 (HMO)

Monthly Plan Premium		\$0 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 limit(s) for this plan:
		In-network: \$4,000
Benefits		What You Pay
Inpatient Hospital Coverage ¹		\$265 copay per day for days 1-6 of a benefit period, \$0 copay per day for days 7-90 of a benefit period
Outpatient Hospital Coverage ¹		\$250 copay for outpatient surgery at a hospital facility
Ambulatory Surgery Center ¹		\$200 copay for outpatient surgery at an Ambulatory Surgery Center
Doctor Visits	Primary Care Provider visit	\$0 copay
	Specialist visit ^{1,2}	\$25 copay
Preventive Care		\$0 copay
Emergency Care		\$90 copay Copay is waived if you are admitted to the hospital within 24 hours for the same condition.
Urgently Needed Services		\$25 copay Copay is waived if you are admitted to the hospital within 24 hours for the same condition.

¹ Services may require prior authorization.

² Services may require a referral from your doctor.

Medical Benefits

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Benefits		What You Pay
Diagnostic Services/ Labs/Imaging^{1,2}	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
Hearing Services²	Medicare-covered	\$25 copay
	Routine hearing exams	\$0 copay for 1 routine hearing exam every year with a TruHearing provider \$0 copay for an unlimited number of hearing aid fitting and evaluation visits every year following the purchase of a hearing aid
	Hearing Aids	\$699 copay per aid for an Advanced hearing aid; \$999 copay per aid for a Premium hearing aid; Up to 2 TruHearing-branded hearing aids every year - one per ear per year; \$50 additional cost per aid for optional hearing aid rechargeability
Dental Services¹	Medicare-covered	\$25 copay
	Preventive (supplemental)	\$0 copay Includes exams, cleanings, X-rays, fluoride treatments; limits apply
	Comprehensive (supplemental)	\$0 to \$775 copay Includes diagnostic and restorative services, endodontics, periodontics, prosthodontics, extractions, and oral surgery; limits apply

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Benefits		What You Pay
Vision Services	Medicare-covered exams/screening	\$25 copay per exam \$0 copay for a glaucoma screening once per year
	Routine exam	\$0 copay for 1 routine vision exam every year, including tonometry, visual field screening, refraction, slit lamp test, and retinal viewing test, when seen by an EyeMed participating provider, \$25 copay for 1 routine vision exam every year, including refraction, when seen by a participating medical group provider
	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
Mental Health Services	Inpatient visit ¹	\$265 copay per day for days 1-6 of a benefit period, \$0 copay per day for days 7-90 of a benefit period
	Outpatient individual and group therapy visit	\$35 copay
Skilled Nursing Facility ¹		\$0 copay per day for days 1-20, \$150 copay per day for days 21-100 per benefit period; Inpatient hospital stay is not required prior to admission.
Physical therapy ^{1,2}		\$25 copay
Ambulance ¹		\$250 copay for each one-way transport
Non-emergent transportation		Not covered
Medicare Part B drugs ¹		20% of the contracted rate

¹ Services may require prior authorization.

² Services may require a referral from your doctor.

Prescription Drug Benefits

Western Health Advantage MyCare (HMO)

Prescription Drug Deductible

Deductible	There is no yearly prescription drug deductible for this plan.
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Initial Coverage

You pay the following until your total yearly drug costs reach **\$5,030**. 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 Retail Cost Sharing

	Up to 30 days	Up to 60 days	Up to 90 days
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	\$5 copay	\$10 copay	\$15 copay
Tier 3 (Preferred Brand)	\$35 copay for insulin drugs and \$40 copay for all other drugs on this tier for a one-month supply	\$70 copay for insulin drugs and \$80 copay for all other drugs on this tier for a two-month supply	\$105 copay for insulin drugs and \$120 copay for all other drugs on this tier for a three-month supply
Tier 4 (Non-Preferred Drug)	\$100 copay	\$200 copay	\$300 copay
Tier 5 (Specialty)	33% of the total cost	Not covered	Not covered

Prescription Drug Benefits

Western Health Advantage MyCare (HMO)

Mail-Order Cost Sharing			
	Up to 30 days	Up to 60 days	Up to 90 days
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	\$10 copay	\$20 copay	\$25 copay
Tier 3 (Preferred Brand)	\$35 copay for insulin drugs and \$47 copay for all other drugs on this tier for a one-month supply	\$70 copay for insulin drugs and \$94 copay for all other drugs on this tier for a two-month supply	\$105 copay for insulin drugs and \$117.50 copay for all other drugs on this tier for a three-month supply
Tier 4 (Non-Preferred Drug)	\$100 copay	\$200 copay	\$250 copay
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.

Prescription Drug Benefits

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Coverage Gap (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 \$5,030 . After you enter the coverage gap, cost sharing for Tier 1 drugs (Preferred Generic) and Insulin drugs are the same as in the initial coverage stage. You pay 25% of the plan's cost for the covered brand name drugs, covered specialty drugs, and other covered generic drugs until your costs total \$8,000 , which is the end of the coverage gap. Not everyone will enter the coverage gap.		
Standard Retail Cost Sharing			
	Up to 30 days	Up to 60 days	Up to 90 days
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	25% of the total cost	25% of the total cost	25% of the total cost
Tier 3 (Preferred Brand)	25% of the total cost (\$35 copay for insulin drugs)	25% of the total cost (\$70 copay for insulin drugs)	25% of the total cost (\$105 copay for insulin drugs)
Tier 4 (Non-Preferred Drug)	25% of the total cost	25% of the total cost	25% of the total cost
Tier 5 (Specialty)	25% of the total cost	Not covered	Not covered

Prescription Drug Benefits

Western Health Advantage MyCare (HMO)

Mail-Order Cost Sharing			
	Up to 30 days	Up to 60 days	Up to 90 days
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	25% of the total cost	25% of the total cost	25% of the total cost
Tier 3 (Preferred Brand)	25% of the total cost (\$35 copay for insulin drugs)	25% of the total cost (\$70 copay for insulin drugs)	25% of the total cost (\$105 copay for insulin drugs)
Tier 4 (Non-Preferred Drug)	25% of the total cost	25% of the total cost	25% of the total cost
Tier 5 (Specialty)	25% 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.

Catastrophic Coverage (Applies to all tiers)	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$8,000 , the plan pays the full cost for your covered Part D drugs.
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Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Medical Benefits

Western Health Advantage MyCare (HMO)

Benefits (continued)	What You Pay
Annual physical exam	\$0 copay
Durable Medical Equipment ¹	20% of the contracted rate
Fitness benefit	\$0 copay for access to a variety of fitness centers, virtual coaching and on-line resources through Silver&Fit®.
In-home services	<p>We offer this benefit through our partnership with Papa. Papa provides assistance with transportation, companionship, household chores, use of electronic devices, and exercise and activity. Benefits include the following:</p> <ul style="list-style-type: none">• At Home Care, 60 hours per calendar year.• Services include support with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).
Meals	\$0 copay for 2 meals per day for 4 weeks immediately following discharge from a skilled nursing facility, hospital, or rehabilitation center. Total maximum of 56 meals after each discharge for up to 4 times per year.
Over-the-Counter items	Plan covers up to \$50 every three months. Unused portions do not carry over to the next quarter.
Routine chiropractic and acupuncture services	\$20 copay for up to 10 routine visits each year (routine chiropractic and acupuncture services combined).

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

¹ Services may require prior authorization.

² Services may require a referral from your doctor.

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 1.888.942.4777 (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 1.888.942.4777 (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 1.888.942.4777 (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 1.888.942.4777 (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 1.888.942.4777 (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 1.888.942.4777 (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 1.888.942.4777 (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 1.888.942.4777 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean

당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1.888.942.4777 (TTY 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 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 1.888.942.4777 (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 1.888.942.4777 (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 1.888.942.4777 (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 1.888.942.4777 (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 1.888.942.4777 (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 1.888.942.4777 (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 1.888.942.4777 (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、1.888.942.4777 (TTY 711) にお電話ください。日本語を話す人 者が 支援いたします。これは無料のサービスです。