

2021 Summary of Benefits

Western Health Advantage MyCare 10/0 (HMO)

June 1, 2021 - May 31, 2022

This plan is available in Sacramento, Solano, Yolo, Sonoma, Napa, Marin and portions of El Dorado and Placer counties in Northern California.

When you choose **Western Health Advantage MyCare 10/0 (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 10/0.

This booklet gives you a summary of what Western Health Advantage MyCare 10/0 (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 **Sacramento**, **Solano**, **Yolo**, **Sonoma**, **Napa**, **Marin and portions of El Dorado and Placer counties in Northern California**.

Get in touch

Questions? We're here to help seven days a week from 8 a.m. to 8 p.m.

- If you're a member of this plan, call us toll-free at 1.888.563.2250 (TTY 711)
- If you're not a member of this plan, call us toll-free at 1.888.992.7494 (TTY 711)
- You can also visit us online at choosewha.com/sonoma-county

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 10/0

Monthly Plan Premium		Your coverage is provided through a contract with your current employer or former employer or union. Please contact the employer's or union's benefits administrator for information about your plan premium. In addition, you must continue to pay your Medicare Part B premium.	
Deductible		\$0 There is no calendar year deductible for medical services.	
Maximum Out-of-Pocket Responsibility		Your calendar year limit(s) for this plan:	
		In-network: \$1,500	
Benefits		What You Pay	
Inpatient Hospital Coverage ¹		\$0 copay. There is no limit to the number of days covered by the plan.	
Outpatient Hospital Coverage ¹		\$10 copay for outpatient surgery at a hospital facility	
Ambulatory Surgery Center ¹		\$10 copay for outpatient surgery at an Ambulatory Surgery Center	
De stay Visita	Primary Care Provider visit	\$10 copay	
Doctor Visits	Specialist visit ^{1,2}	\$10 copay	
Preventive Care		\$0 copay	
Emergency Care		\$50 copay Copay is waived if you are admitted to the hospital.	
Urgently Needed Services		\$10 copay Copay is waived if you are admitted to the hospital within 24 hours for the same condition.	

<sup>Services may require prior authorization.
Services may require a referral from your doctor.</sup>

Medical Benefits

Western Health Advantage MyCare 10/0

Benefits		What You Pay	
Diagnostic Services/ Labs/Imaging ^{4,2}	Diagnostic radiology services (e.g. MRI, ultrasounds, CT scans)	\$0 copay	
	Therapeutic radiology services	\$0 copay	
osti s/Ir	Outpatient X-rays	\$0 copay	
Diagno Lab	Diagnostic tests and procedures	\$0 copay	
	Lab services	\$0 copay	
Hearing Services ²	Medicare-covered	\$10 copay	
Hea	Routine hearing exam	\$10 copay	
Dental Services ¹	Medicare-covered	\$10 copay	
S	Medicare-covered exams/screening	\$10 copay per exam \$0 copay for a glaucoma screening once per calendar year	
Vision Services	Routine exam	\$10 copay for 1 routine vision exam per calendar year with a participating provider, including refraction	
	Medicare-covered eyewear	\$10 copay	
	Routine eyeglasses or contact lenses	Plan will pay up to \$200 for routine eye wear (contact lenses, eyeglass frames and/or eyeglass lenses) every two years	
Mental Health Services	Inpatient visit ¹	\$0 copay. There is no limit to the number of days covered by the plan.	
	Outpatient individual and group therapy visit	\$10 copay	
Skilled Nursing Facility ¹		\$0 copay for up to 100 days per benefit period	
Physical therapy ^{1,2}		\$10 copay	
Ambulance ¹		\$50 copay for each one-way transport	

<sup>Services may require prior authorization.
Services may require a referral from your doctor.</sup>

Medical Benefits

Western Health Advantage MyCare 10/0

Benefits	What You Pay	
Transportation	Not covered	
Medicare Part B drugs ¹	20% of the contracted rate	
Durable Medical Equipment ¹	20% of the contracted rate	
Routine chiropractic and acupuncture services	\$20 copay for up to 20 routine visits each calendar year (routine chiropractic and acupuncture services combined)	
Fitness benefit	\$0 copay for access to a variety of fitness centers, virtual coaching and on-line resources through Silver&Fit.	
Annual physical exam	\$0 copay	

 $^{{\}bf ^1}\,{\rm Services}$ may require prior authorization.

² Services may require a referral from your doctor.

Prescription Drug Benefits

Western Health Advantage MyCare 10/0

Prescription Drug Deductible		
Deductible	There is no calendar year prescription drug deductible for this plan.	

Initial Coverage

You pay the following until your calendar year to date out of pocket costs (your payments) reach \$6,550.

You may get your drugs at network retail pharmacies and mail-order pharmacies.

Standard and Preferred Retail Cost Sharing and Mail-Order Pharmacy Cost Sharing

	Up to 30 days	Up to 60 days	Up to 90 days
Tier 1 (Preferred Generic)	Standard:	Standard:	Standard:
	\$5 copayment	\$10 copayment	\$10 copayment
	Preferred:	Preferred:	Preferred:
	\$5 copayment	\$10 copayment	\$10 copayment
Tier 2 (Generic)	Standard:	Standard:	Standard:
	\$5 copayment	\$10 copayment	\$10 copayment
	Preferred:	Preferred:	Preferred:
	\$5 copayment	\$10 copayment	\$10 copayment
Tier 3 (Preferred Brand)	Standard:	Standard:	Standard:
	\$10 copayment	\$20 copayment	\$20 copayment
	Preferred:	Preferred:	Preferred:
	\$10 copayment	\$20 copayment	\$20 copayment
Tier 4 (Non-Preferred Drug)	Standard:	Standard:	Standard:
	\$10 copayment	\$20 copayment	\$20 copayment
	Preferred:	Preferred:	Preferred:
	\$10 copayment	\$20 copayment	\$20 copayment
Tier 5 (Specialty)	Standard: \$10 copayment Preferred: \$10 copayment	Not covered	Not covered

Prescription Drug Benefits

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Coverage Gap (Applies to all tiers)	Because there is no coverage gap for the plan, this payment stage does not apply to you.
Catastrophic Coverage (Applies to all tiers)	After your calendar year out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you continue to pay the same amount you paid in the Initial Coverage Stage.

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

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