

2022 Summary of Benefits

Western Health Advantage MyCare 10/0 (HMO)

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

June 1, 2022 – May 31, 2023

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 (HMO).

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 (HMO)

| | | |
|---|---------------------------------|--|
| 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 |
| Doctor Visits | Primary Care Provider visit | \$10 copay |
| | Specialist visit ^{1,2} | \$10 copay |
| Preventive Care | | \$0 copay |
| Emergency Care | | \$50 copay Copay is waived if you are admitted to the hospital within 24 hours for the same condition. |
| Urgently Needed Services | | \$10 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

Western Health Advantage MyCare 10/0 (HMO)

| Benefits | | What You Pay |
|--|---|--|
| Diagnostic Services/ Labs/Imaging^{1,2} | Diagnostic radiology services (e.g. MRI, ultrasounds, CT scans) | \$0 copay |
| | Therapeutic radiology services | \$0 copay |
| | Outpatient X-rays | \$0 copay |
| | Diagnostic tests and procedures | \$0 copay |
| | Lab services | \$0 copay |
| Hearing Services² | Medicare-covered | \$10 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 | \$10 copay |

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Medical Benefits

Western Health Advantage MyCare 10/0 (HMO)

| Benefits | | What You Pay |
|---------------------------------------|---|---|
| Vision Services | Medicare-covered exams/screening | \$10 copay per exam \$0 copay for a glaucoma screening once per year |
| | 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; Inpatient hospital stay is not required prior to admission. |
| Physical therapy ^{1,2} | | \$10 copay |
| Ambulance ¹ | | \$50 copay for each one-way transport |
| Non-emergent transportation | | Not covered |
| Medicare Part B drugs ¹ | | 20% of the contracted rate |

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Prescription Drug Benefits

Western Health Advantage MyCare 10/0 (HMO)

| Prescription Drug Deductible | | | |
|---|--|---|---|
| Deductible | There is no yearly prescription drug deductible for this plan. | | |
| Initial Coverage | You pay the following until your calendar year to date out of pocket costs reach \$7,050 . 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: \$5 copay Preferred: \$5 copay | Standard: \$10 copay Preferred: \$10 copay | Standard: \$10 copay Preferred: \$10 copay |
| Tier 2 (Generic) | Standard: \$5 copay Preferred: \$5 copay | Standard: \$10 copay Preferred: \$10 copay | Standard: \$10 copay Preferred: \$10 copay |
| Tier 3 (Preferred Brand) | Standard: \$10 copay Preferred: \$10 copay | Standard: \$20 copay Preferred: \$20 copay | Standard: \$20 copay Preferred: \$20 copay |
| Tier 4 (Non-Preferred Drug) | Standard: \$10 copay Preferred: \$10 copay | Standard: \$20 copay Preferred: \$20 copay | Standard: \$20 copay Preferred: \$20 copay |
| Tier 5 (Specialty) | Standard: \$10 copay Preferred: \$10 copay | Not covered | Not covered |

Prescription Drug Benefits

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| | Up to 30 days | Up to 60 days | Up to 90 days |
|-------------------|---|---------------|---------------|
| Tier 6 (Vaccines) | Standard: \$0 copay Preferred: \$0 copay | Not covered | Not covered |

| | |
|---|--|
| 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 \$7,050 , you continue to pay the same amount you paid in the Initial Coverage Stage. |

Medical Benefits

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| 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. |
| Routine chiropractic and acupuncture services | \$20 copay for up to 20 routine visits each calendar 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.