

# BENEFIT SUMMARY GUIDE



**A HEALTH PLAN  
WITH MORE  
OPTIONS**

advantage > you

## FOR SMALL GROUP

1 to 100 Eligible Employees  
Effective 01.01.17



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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.

Western Health Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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.

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, age, disability, or sex, you can file a grievance with: Member Services Manager, 2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833, 888.563.2250 or 916.563.2250, 888.877.5378 (TTY), 916.568.0126 (fax), [memberservices@westernhealth.com](mailto:memberservices@westernhealth.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Member Services Manager is available to help you.

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:

Website: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Mail: U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

Phone: 800.368.1019 or 800.537.7697 (TDD)

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

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#### ENGLISH

If you, or someone you're helping, have questions about Western Health Advantage, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 888.563.2250 or TTY 888.877.5378.

#### SPANISH

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Western Health Advantage, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 888.563.2250, o al TTY 888.877.5378 si tiene dificultades auditivas.

#### CHINESE

如果您，或是您正在協助的對象，有關於Western Health Advantage方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話888.563.2250或聽障人士專線(TTY) 888.877.5378。

#### VIETNAMESE

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Western Health Advantage, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số 888.563.2250, hoặc gọi đường dây TTY dành cho người khiếm thính tại số 888.877.5378.

#### TAGALOG

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Western Health Advantage, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 888.563.2250 o TTY para sa may kapansanan sa pandinig sa 888.877.5378.

## KOREAN

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Western Health Advantage에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 888.563.2250이나 청각 장애인용 TTY 888.877.5378로 연락하십시오.

## ARMENIAN

Եթե Դուք կամ Ձեր կողմից օգնություն ստացող անձը հարցեր ունի Western Health Advantage-ի մասին, Դուք իրավունք ունեք անվճար օգնություն և տեղեկություններ ստանալու Ձեր նախընտրած լեզվով: Թարգմանչի հետ խոսելու համար զանգահարե՛ք 888.563.2250 համարով կամ TTY 888.877.5378՝ լսողության հետ խնդիրներ ունեցողների համար:

## PERSIAN-FARSI

اگر شما، یا کسی که شما به او کمک میکنید، سوال در مورد Western Health Advantage (وسترن هلث آدونتیج) داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. لطفاً با شماره تلفن 888.563.2250 تماس بگیرید. افراد ناشنوا می توانند به شماره 888.877.5378 پیام تایپی ارسال کنند.

## RUSSIAN

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Western Health Advantage, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 888.563.2250 или воспользуйтесь линией TTY для лиц с нарушениями слуха по номеру 888.877.5378.

## JAPANESE

ご本人様、またはお客様の身の回りの方でも、Western Health Advantageについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、888.563.2250までお電話ください。聴覚障がい者用TTYをご利用の場合は、888.877.5378までお電話ください。

## ARABIC

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Western Health Advantage، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 888.563.2250، أو برقم الهاتف النصي (TTY) لضعاف السمع 888.877.5378.

## PUNJABI

ਜੇਕਰ ਤੁਸੀਂ, ਜਾਂ ਜਿਸ ਕਿਸੇ ਦੀ ਤੁਸੀਂ ਮਦਦ ਕਰ ਰਹੇ ਹੋ, ਦੇ Western Health Advantage ਬਾਰੇ ਸਵਾਲ ਹਨ ਤਾਂ, ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਹਾਸਲ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਦੁਆਰੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, 888.563.2250 'ਤੇ ਜਾਂ ਪੂਰੀ ਤਰ੍ਹਾਂ ਸੁਣਨ ਵਿੱਚ ਅਸਮਰਥ ਟੀਟੀਵਾਈ ਲਈ 888.877.5378 'ਤੇ ਕਾਲ ਕਰੋ।

## CAMBODIAN-MON-KHMER

ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលកំពុងជួយអ្នក មានសំណួរអំពី Western Health Advantage ទេ, អ្នកមានសិទ្ធិទទួលជំនួយនឹងព័ត៌មាននៅក្នុងភាសារបស់អ្នក ដោយមិនអស់ប្រាក់។ ដើម្បីនិយាយជាមួយអ្នកបកប្រែ សូមទូរស័ព្ទ 888.563.2250 ឬ TTY សម្រាប់អ្នកត្រចៀកធ្ងន់ តាមលេខ 888.877.5378។

## HMONG

Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Western Health Advantage, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 888.563.2250 los sis TTY rau cov neeg uas tsis hnov lus zoo nyob ntawm 888.877.5378.

## HINDI

यदि आप, या जिस किसी की आप मदद कर रहे हो, के Western Health Advantage के बारे में प्रश्न हैं तो, आपको अपनी भाषा में मदद तथा जानकारी प्राप्त करने का अधिकार है। दुआशिए के साथ बात करने के लिए, 888.563.2250 पर या पूरी तरह श्रवण में असमर्थ टीटीवाई के लिए 888.877.5378 पर कॉल करो।

## THAI

หากคุณ หรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ Western Health Advantage คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย เพื่อพูดคุยกับล่าม โทร 888.563.2250 หรือใช้ TTY สำหรับคนหูหนวกโดยโทร 888.877.5378

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# INTRODUCTION

## Experience the WHA Advantage.

### Check our references. Doctors know best.

You trust your doctor to give you the best care possible, and your doctor trusts WHA. Nearly 93 percent of our providers would recommend WHA to other physicians.<sup>1</sup>

### We're easy to work with.

Actions speak louder than words. And at WHA, you'll be greeted with fast, accurate and personal service. You'll appreciate how easy we've made managing your health plan.

### You choose your specialist.

Why settle for one medical group when you can have access to six? Our partnership with our medical groups expands your choices of specialty physicians. With Advantage Referral you have access to many of the specialists in our extensive network, not just from your particular medical group.

### The doctor you want is with WHA.

WHA is affiliated with the leading hospitals and doctors throughout Northern California. Our network of nearly 3,000 doctors and 15 hospitals has no limits—regardless of your plan.

<sup>1</sup>92.5% of providers would recommend WHA to other physicians' practices according to the 2015 Provider Satisfaction Survey.

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## Our slate of plans for small group is compliant with the Affordable Care Act.

Our plans for small group [100 employees or less] comply with the metal tiers established by the ACA that allow consumers to compare plans with similar coverage and include these Ten Essential Health Benefits:

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services
6. Prescription drugs
7. Services and devices: help with recovery from an injury, disability or chronic condition
8. Laboratory services
9. Preventive services: counseling, screenings and vaccines
10. Pediatric services: dental and vision care for kids

### WANT TO DISCUSS YOUR GROUP'S OPTIONS?

Call your broker or WHA at **888.499.3198** or visit [choosewha.com](http://choosewha.com).



# ACCESS TO CARE

## Answer to Commonly Asked Questions

### Who can be my Primary Care Physician (PCP)?

PCPs can be practitioners of Family, Internal or General Medicine, Pediatricians and in some cases, Obstetricians and Gynecologists. Each family member can choose his/her own PCP from any of our medical groups. Your PCP is responsible for coordinating all of your medical care. It is extremely important to get established with your physician as soon as your coverage becomes effective.

### What happens if I need to see a specialist?

Members can self-refer within the network for their annual eye exam and OB/GYN visits. Your PCP will coordinate a referral if you need to see a specialist. While your PCP will typically refer you within his or her affiliated medical group, you are not limited to only those specialists. WHA's Advantage Referral program allows members to access many of the specialist physicians within the WHA's network, not just within their medical group. Refer to the Provider Directory or call WHA Member Services to ensure the specialist participates in the Advantage Referral program.

### What if I have an out-of-area emergency?

WHA covers you for urgent care and emergency care services wherever you are in the world. If you are hospitalized at a non-participating facility because of an emergency, WHA or your PCP must be notified within 24 hours of the emergency or as soon as possible. Please note that emergency room visits are not covered for non-emergency situations. Also, call your PCP for all follow-up care to your emergency treatment. If you return to the emergency room or non-participating provider for follow-up care (for example, removal of stitches or redressing a wound), you will be responsible for the cost of the service. If your emergency health problem requires a specialist, your PCP will refer you to an appropriate participating provider as needed.

### What if I live outside the WHA Service Area?

WHA welcomes new members who work in the health plan's service area, but who may be living on the border or outside the county boundaries in which WHA is licensed for business. If you are one of these commuters, it is important to understand that you must choose a PCP from the WHA network and you are required to receive all routine and preventive services there. This includes care you may require for routine illnesses such as colds, flu, headaches, minor sprains and other illnesses and injuries that are not classified as urgent or emergency care. As a reminder, the WHA service area includes Sacramento, Yolo, Solano, Marin, Sonoma and Napa counties and parts of Colusa, Placer and El Dorado. *Consult the Combined Evidence of Coverage and Disclosure Form (EOC/DF) for a more detailed description of these limitations.*

### Is my son/daughter covered while attending college away from home?

If your dependent child lives outside our service area, he or she is eligible for in-network coverage only if a full-time student. Note: Those students who reside outside the service area must obtain all routine, preventive and follow-up care from WHA network providers. When outside the service area, these students are covered only for urgent or emergency care.



# CONTACT US

## Western Health Advantage

**Main Office** 2349 Gateway Oaks Drive, Suite 100, Sacramento, California 95833

**North Bay Sales Office** 4 Hamilton Landing, Suite 100, Novato, California 94949

**Call** 888.227.5942 toll-free | 888.877.5378 tty

**Visit** [westernhealth.com](http://westernhealth.com)

## WHA Specialized Departments

### GROUP SALES

**Call** 916.563.3198 | 888.499.3198 toll-free

**Fax** 916.568.1338

**Email** [whasales@westernhealth.com](mailto:whasales@westernhealth.com)

### MEMBER SERVICES

**Call** 916.563.2250 | 888.563.2250 toll-free

**Fax** 916.568.0126

**Email** [memberservices@westernhealth.com](mailto:memberservices@westernhealth.com)

### PREMIUM BILLING

**Call** 916.563.2206 | 888.442.2206 toll-free

**Fax** 916.568.0334

**Email** [premiumbilling@westernhealth.com](mailto:premiumbilling@westernhealth.com)

### ELIGIBILITY

**Call** 916.563.2206 | 888.442.2206 toll-free

**Fax** 916.568.0334

**Email** [eligibility@westernhealth.com](mailto:eligibility@westernhealth.com)

To ensure that any Protected Health Information (PHI) included in an email is sent securely, use our online message center at [mywha.org/securemessage](http://mywha.org/securemessage) to send a secured email to a specialized department.

## Partners in Care

See **Section 6** for a detailed list of our premier service providers with contact information.



# TRADITIONAL PLANS

**Gateway 20** | Platinum

**Gateway 30** | Platinum

**Gateway 70** | Platinum

**Capital** | WHA Platinum 90 HMO 0/15 + Child Dental

**Capital** | WHA Gold 80 HMO 0/30 + Child Dental

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## VALUE-ADDED BENEFITS included in Traditional Plans

**Behavioral Health Services:** Magellan Behavioral Health, Inc.

Mental health, severe mental illness and substance abuse benefits

**CAM – Complementary and Alternative Medicine:** Landmark Healthplan of California, Inc.

Acupuncture and chiropractic services

**Nurse24<sup>SM</sup> Advice Line:** Optum®

24/7 advice nurse to respond to questions and provide triage of urgent issues

**Global Emergency Services:** Assist America

Enhanced assistance to WHA members travelling 100+ miles away from home or in another country

**MyWHA Wellness:** Optum®

Online tools and resources for health assessment and planning

**Pediatric Dental:** DeltaDental® USA

Dental services for members up to age 19

**Pediatric Vision:** MESVision® — eyewear materials only

Vision services, including examination and eyewear, up to age 19; annual examination under WHA health plans

**Prescription Benefits:** Express Scripts®

Four-tier copayment structure

Preferred Generic | Preferred Brand Name | Non-Preferred Medications | Specialty Medications

Mail Order Feature

90-day supply for 2.5 retail pharmacy copayments





# DEDUCTIBLE PLANS

**Gateway 4010** | Gold

**Gateway 4020** | Gold

**Gateway 5020** | Silver

**Capital** | WHA Silver 70 HMO 2000/45 + Child Dental

**Capital** | WHA Bronze 60 HMO 6300/75 + Child Dental

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## VALUE-ADDED BENEFITS included in Deductible Plans

**Behavioral Health Services:** Magellan Behavioral Health, Inc.

Mental health, severe mental illness and substance abuse benefits

**CAM – Complementary and Alternative Medicine:** Landmark Healthplan of California, Inc.

Acupuncture and chiropractic services

**Nurse24<sup>SM</sup> Advice Line:** Optum®

24/7 advice nurse to respond to questions and provide triage of urgent issues

**Global Emergency Services:** Assist America

Enhanced assistance to WHA members travelling 100+ miles away from home or in another country

**MyWHA Wellness:** Optum®

Online tools and resources for health assessment and planning

**Pediatric Dental:** DeltaDental® USA

Dental services for members up to age 19

**Pediatric Vision:** MESVision® — eyewear materials only

Vision services, including examination and eyewear, up to age 19; annual examination under WHA health plans

**Prescription Benefits:** Express Scripts®

Four-tier copayment structure

Preferred Generic | Preferred Brand Name | Non-Preferred Medications | Specialty Medications

Mail Order Feature

90-day supply for 2.5 retail pharmacy copayments



# HSA-COMPATIBLE HIGH-DEDUCTIBLE PLANS

**Gateway 2000 HDHP** | Gold

**Gateway 1500 HDHP** | Silver

**Gateway 5200 HDHP** | Bronze

**Gateway 6500 HDHP** | Bronze

**Capital** | WHA Silver 70 HDHP HMO 2000/20% + Child Dental

**Capital** | WHA Bronze 60 HDHP HMO 4800/40% + Child Dental

**Capital** | WHA Bronze 60 HDHP HMO 6500/0 + Child Dental Alternate

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## VALUE-ADDED BENEFITS included in HSA-Compatible High-Deductible Plans

**Behavioral Health Services:** Magellan Behavioral Health, Inc.

Mental health, severe mental illness and substance abuse benefits

**CAM – Complementary and Alternative Medicine:** Landmark Healthplan of California, Inc.

Acupuncture services (all plans) and chiropractic services (Gateway plans only)

**Health Savings Account:** HealthEquity® — *optional, based on employer group election*

Administration services for health savings account

**Nurse24<sup>SM</sup> Advice Line:** Optum®

24/7 advice nurse to respond to questions and provide triage of urgent issues

**Global Emergency Services:** Assist America

Enhanced assistance to WHA members travelling 100+ miles away from home or in another country

**MyWHA Wellness:** Optum®

Online tools and resources for health assessment and planning

**Pediatric Dental:** DeltaDental® USA

Dental services for members up to age 19

**Pediatric Vision:** MESVision® — *eyewear materials only*

Vision services, including examination and eyewear, up to age 19; annual examination under WHA health plans

**Prescription Benefits:** Express Scripts®

Four-tier copayment structure

Preferred Generic | Preferred Brand Name | Non-Preferred Medications | Specialty Medications

Mail Order Feature

90-day supply for 2.5 retail pharmacy copayments



# CALCHOICE PLANS

## **SIERRA PLANS** (exclusive to CalChoice)

**Sierra 25** | Platinum

**Sierra 40** | Gold

**Sierra 4010** | Gold

**Sierra 50** | Silver

**Sierra 2000 HDHP** | Gold

## **SIERRA PLANS** (mirror to Covered California plans)

WHA Platinum 90 HMO 0/15 + Child Dental

WHA Gold 80 HMO 0/30 + Child Dental

WHA Silver 70 HMO 2000/45 + Child Dental

WHA Bronze 60 HMO 6300/75 + Child Dental

WHA Silver 70 HDHP HMO 2000/20% + Child Dental

WHA Bronze 60 HDHP HMO 4800/40% + Child Dental

WHA Bronze 60 HDHP HMO 6500/0 + Child Dental Alternate

**Sierra Plans** are available to small businesses through our affiliate:

CaliforniaChoice Benefits Administrator — 800.558.8003 | [calchoice.com](http://calchoice.com)

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## **VALUE-ADDED BENEFITS** included in CalChoice Plans

**Behavioral Health Services:** Magellan Behavioral Health, Inc.

Mental health, severe mental illness and substance abuse benefits

**CAM – Complementary and Alternative Medicine:** Landmark Healthplan of California, Inc.

Acupuncture services (all plans) and chiropractic services (not included on mirror HDHPs)

**Nurse24<sup>SM</sup> Advice Line:** Optum®

24/7 advice nurse to respond to questions and provide triage of urgent issues

**Global Emergency Services:** Assist America

Enhanced assistance to WHA members travelling 100+ miles away from home or in another country

**MyWHA Wellness:** Optum®

Online tools and resources for health assessment and planning

**Pediatric Dental:** DeltaDental® USA

Dental services for members up to age 19

**Pediatric Vision:** MESVision® — *eyewear materials only*

Vision services, including examination and eyewear, up to age 19; annual examination under WHA health plans

**Prescription Benefits:** Express Scripts®

Four-tier copayment structure

Preferred Generic | Preferred Brand Name

Non-Preferred Medications | Specialty Medications

Mail Order Feature

90-day supply for 2.5 retail pharmacy copayments



# VALUE-ADDED BENEFITS AND OPTIONAL RIDERS

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## VALUE-ADDED BENEFITS

**Behavioral Health Services:** Magellan Behavioral Health, Inc.

**CAM – Complementary and Alternative Medicine:** Landmark Healthplan of California, Inc.

**Health Savings Account:** HealthEquity® — *for HSA-Compatible High-Deductible plans only;  
not available on Sierra plans*

**Nurse24<sup>SM</sup> Advice Line:** Optum®

**Global Emergency Services:** Assist America

**MyWHA Wellness:** Optum®

**Pediatric Dental:** DeltaDental® USA

**Pediatric Vision:** MESVision®

**Prescription Benefits:** Express Scripts®

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## OPTIONAL RIDERS

- Except for Infertility, optional riders are available to groups on Gateway plans only.
- Optional rider plans will renew with group's WHA medical plan.
- When an optional rider is elected by a group, all WHA enrollees (adult-only enrollees for dental) will be concurrently enrolled in the benefit plan rider.
- *Note:* Copayments for optional rider services do not contribute to the medical out-of-pocket maximum.

*Additional costs are associated with the following plans:*

### Infertility Plan

Available to employer groups with 20 or more eligible employees

### Adult Vision Plans:

 MESVision® — *for Gateway plans only*

- Vision plans available to groups with 2+ enrolled.
- Employers choose from a full service or an eyewear-only plan with \$0 or \$10 copayment options:
  - **Full Service Plan:** Includes an annual comprehensive vision exam with a MES Vision provider and material coverage of either frames and lenses or contact lenses every 24 months
  - **Eyewear Only Plan:** Includes material coverage of either frames and lenses or contact lenses every 24 months.

### Adult Dental Plans:

 Delta Dental PPO<sup>SM</sup> and DeltaDental® USA — *for Gateway plans only*

- Adult members 19 and over are enrolled in the dental rider; WHA members under 19 years of age have the pediatric dental benefits included in the medical plan.
- Employers can choose a PPO or DHMO option



# PARTNERS IN CARE

## WHA Service Providers

### BEHAVIORAL HEALTH SERVICES

**MAGELLAN BEHAVIORAL HEALTH®**  
**HUMAN AFFAIRS INTERNATIONAL**

Call 800.424.1778

Visit [magellanhealth.com/member](http://magellanhealth.com/member)

### OPTUM (UC DAVIS EMPLOYEES ONLY)

Call 888.440.8225

Visit [liveandworkwell.com](http://liveandworkwell.com)

### CAM – COMPLEMENTARY AND ALTERNATIVE MEDICINE

**Chiropractic and Acupuncture**

**LANDMARK HEALTHPLAN OF CALIFORNIA**

Call 800.298.4875

Visit [www.lhp-ca.com](http://www.lhp-ca.com)

### DENTAL BENEFITS

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### DISEASE MANAGEMENT/

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# EXCLUSIONS AND LIMITATIONS

The following are principal exclusions and limitations to these WHA plans. For a detailed description of the exclusions and limitations of any WHA medical plan, refer to the applicable Combined Evidence of Coverage and Disclosure Form (EOC/DF). **If any limitation or exclusion listed here conflicts with the EOC/DF for your plan, the language in the EOC/DF will control for determining the limitations and exclusions for your plan.**

**Lifetime and Annual Dollar Limits:** There are no lifetime or annual dollar limits except where permitted by law. All dollar limits, if any, are specified in the Copayment Summary. WHA has no pre-existing condition exclusions for any Member.

**The following services and supplies are excluded or limited:**

## EXCLUSIONS

1. Any services or supplies obtained before the Member's effective date of coverage.
2. Services and supplies which are not Medically Necessary. If a service is denied for lack of Medical Necessity, a Member may appeal the decision through the Independent Medical Review (IMR) process. See the section entitled "Independent Medical Review" under "Member Satisfaction Procedure" in this EOC/DF
3. Services or supplies provided by a non-Participating Provider without written referral by the Member's PCP outside of an emergent situation. Care by non-Participating Providers will only be authorized and provided as a Covered Service if the care is determined to be Medically Necessary and not available through Participating Providers.
4. Any service provided without Prior Authorization if the service requires a PCP referral or Prior Authorization as explained in this EOC/DF or any rider.
5. Experimental medical or surgical procedures, services or supplies. Please refer to the section of this EOC/DF titled "Independent Medical Review of Investigational/ Experimental Treatments" under "Member Satisfaction Procedure."
6. Long term care benefits including skilled nursing care and respite care. Medically Necessary Covered Services described under the "Hospice Care" and "Skilled Nursing Facility" subheadings under the "Other Health Coverage" heading under the "Principal Benefits and Covered Services" section

are covered.

7. Cosmetic services and supplies, except for Prosthetic Devices incident to a mastectomy or laryngectomy or reconstructive surgery, which is surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease; to do either of the following: (A) to improve function; (B) to create a normal appearance, to the extent possible. The exclusion includes, but is not limited to, services and supplies performed in connection with treatment for hair loss, electrolysis, and chemical face peels or abrasions of the skin.
8. Non-emergent medical transport or ambulance care inside or outside the Service Area, except with Prior Authorization.
9. Vision therapy, eyeglasses, contact lenses and surgical procedures for the correction of visual acuity in lieu of eyeglasses or contact lenses. (This exception does not include intraocular lenses in connection with cataract removal, except for pediatric vision services as described under "Other Health Services.")
10. Hearing aids and batteries, unless benefit rider purchased.
11. Services or supplies in connection with the storage of body parts, fluids or tissues, except for autologous blood.
12. Dental care, except for the following:
  - (1) pediatric dental services as described under Other Health Services,
  - (2) non-dental surgical and hospitalization procedures required due to facial fractures, tumors or congenital defects, such as cleft lip or cleft palate,
  - (3) when integral to reconstructive surgery for cleft palate, or
  - (4) surgery or splints on the maxilla or mandible to correct temporomandibular joint disease (TMJ) or other medical conditions.Covered Services must be Medically Necessary and Prior Authorized. Other Dental Services excluded include:
  - a. Items or services in connection with the care, treatment, filling, removal, replacement, or artificial restoration of the teeth or structures directly supporting the teeth.
  - b. Treatment of dental abscesses, braces, bridges, dental plates, dental prostheses and dental orthoses, including anesthetic agents or drugs used for the purpose of dental care.
13. Any services or supplies provided by a person who lives in the Member's home, or by an immediate relative of the Member.
14. Personal comfort or convenience items and home or automobile modifications or improvements. This includes, but is not limited to, televisions, radios, chair lifts, and purifiers.

**Note:** Defined terms are capitalized, refer to the EOC/DF for definitions.

# EXCLUSIONS AND LIMITATIONS

15. Vitamins except prenatal prescription vitamins or vitamins in conjunction with fluoride.
16. Routine foot care (e.g., treatment of or to the feet for corns or calluses), except when Medically Necessary. Orthotic Devices for routine foot care are also excluded. This exclusion does not apply to special footwear required as a result of foot disfigurement caused by diabetes.
17. All immunizations required to obtain or maintain employment or for participation in employee programs.
18. Homemaker services, convalescent care and custodial care. This includes services that are non-nursing supervision of the patient. This exclusion does not apply to Covered Services included in the Hospice or Skilled Nursing benefits, or Residential services under Mental Health/Substance Abuse Benefits described under the "Principal Benefits and Covered Services" section of this EOC/DF.
19. Private-Duty Nursing or shift care.
20. Non-prescription weight loss aids and programs.
21. Smoking cessation products and programs other than Medically Necessary Medications.
22. Repair and replacement of DME, Orthotics or Prosthetics when necessitated by the Member's abuse, misuse or loss. Any device not medical in nature (e.g., exercise equipment, whirlpool, spa), more than one device for the same body part, or more than one piece of equipment that serves the same function.
23. Food supplements or infant formulas, except in the treatment of PKU.
24. Over-the-counter medications, supplies or equipment that may be obtained without a Prescription, except for
  - a. contraceptives described under the heading "Family Planning;"
  - b. diabetes and pediatric asthma supplies as described under the headings "Diabetes supplies, equipment and services" and "Pediatric Asthma supplies, equipment, and services;"
  - c. folic acid; aspirin; and tobacco cessation products in certain circumstances, as explained in more detail in Appendix A.
25. Services and supplies associated with the donation of organs when the recipient is not a Member of WHA.
26. Court-ordered health care services and supplies when not Medically Necessary.
27. Travel expenses, including room and board, even if the purpose is to obtain a Covered Service.
28. Expenses incurred obtaining copies of medical records.
29. Weight control surgery or procedures including without limitation gastric bubble, gastroplasty, gastric bypass, gastric stapling, liposuction and HCG injections; and any Experimental Procedures for the treatment of obesity. However, Medically Necessary services as determined by WHA for the treatment of morbid obesity with Prior Authorization are covered.
30. Testing for the sole purpose of determining paternity.
31. Diagnostic procedures or testing for genetic disorders. (This exception does not include testing for prenatal diagnosis of fetal genetic disorders in cases of high-risk pregnancy or when medically indicated.)
32. Diagnosis and treatment for:
  - a. personal growth and/or development,
  - b. personality reorganization, or
  - c. in conjunction with professional certification.
33. Educational Services including, but not limited to, for employment or professional purposes.
34. Marriage counseling, except for the treatment of a Mental Health Disorder/Condition.
35. Psychological examination, testing or treatment for the following purposes:
  - a. licensing;
  - b. insurance, judicial or administrative proceedings including, but not limited to, parole or probation proceedings; or
  - c. satisfying an employer's, prospective employer's or other party's requirements for obtaining employment.
36. Other psychological testing, except to diagnose and/or to guide treatment of a Mental Health/ Substance Abuse Condition.
37. Stress management therapy.
38. Aversion therapy (therapy that attempts to eliminate undesired behavior by associating it with painful or unpleasant effects);
39. Mental health treatment of pain, unless Medically Necessary.
40. Group homes (except Medically Necessary residential treatment prior authorized by HAI-CA).
41. Wilderness programs, therapeutic boarding schools, and equestrian / hippotherapy, unless provided as part of BHT.
42. Dance therapy, recreation therapy and activity therapy, such as music, dance, art or play therapies not for recreation, unless provided as part of BHT.
43. BHT services rendered to provide respite, day care, or Educational Services, or reimbursement to a parent for participating in the treatment.
44. Treatment of short stature unless treatment is Medically Necessary.
45. All services involved in surrogacy. This includes, but is not limited to, embryo transfers, services and supplies related to donor sperm or sperm preservation for artificial insemination.

**Note:** Defined terms are capitalized, refer to the EOC/DF for definitions.



# EXCLUSIONS AND LIMITATIONS

Surrogacy is pregnancy under a surrogate arrangement. A surrogate pregnancy is one in which a woman (the surrogate) has agreed to become pregnant with the intention of surrendering custody of the child to another person. If the surrogate is a Member of WHA, she is entitled to maternity services, but when pregnancy services are rendered to a woman in a surrogate arrangement, the Plan or its Medical Group has the right to impose a lien against any amount received by the surrogate/Member for reasonable costs incurred by WHA or its contracted Medical Groups.

46. Home birth delivery.
47. Services and supplies in connection with the reversal of voluntary sterilization.
48. Services related to assisted reproductive technology. This includes, but is not limited to:
  - a. harvesting or stimulation of the human ovum,
  - b. ovum transplants,
  - c. Gamete Intrafallopian Transfer (GIFT),
  - d. donor semen or eggs (and services related to their procurement and storage),
  - e. artificial insemination, including related medications, laboratory, and radiology services,
  - f. services or medications to treat low sperm count,
  - g. In Vitro Fertilization (IVF) and
  - h. Zygote Intrafallopian Transfer (ZIFT).
  - i. preimplantation genetic screening.
49. Infertility services. This includes all services related to the diagnosis and treatment of infertility, unless Infertility Benefit Rider has been purchased. Infertility services available under the Infertility Benefit Rider are subject to limitations and exclusions set forth in the rider.
50. Acupressure (unless provided through the acupuncture benefit).
51. Biofeedback.
52. Sex therapy.
53. Eyeglass cases.
54. Orthoptics or vision training.
55. Replacement lenses or frames for lenses or frames that are lost, stolen or broken, unless benefits are otherwise available.

## LIMITATIONS

The following limitations apply to Covered Services:

1. The services and supplies used to diagnose and treat any disease, illness or injury must be used in accordance with professionally recognized standards of practice.
2. Services and supplies rendered by non-Participating Providers are covered for Urgent Care and Emergency Care only, or when care from the non-Participating Provider has been authorized in advance. WHA will not reimburse non-Participating Urgent Care facilities if the Urgent situation arose within WHA's Service Area.
3. Respiratory therapy, cardiac therapy and pulmonary therapy are limited to rehabilitative and habilitative services that are Medically Necessary and authorized in advance. Therapy and rehabilitation are not covered when:
  - a. medical documentation does not support the Medical Necessity because of the Member's inability to progress toward the treatment plan goals; or
  - b. a Member has already met the treatment plan goals.
4. Physical exams and/or laboratory, X-ray or other diagnostic tests ordered in conjunction with a physical exam are not covered if the purpose of the test is exclusively to fulfill an employment, licensing, sports, or school-related requirement.
5. If services or supplies are received while a Member is entitled to receive benefits from another health plan or collect damages due to a third party's liability, including Workers' Compensation, the Member is required to assist in the recovery of any WHA, HAI-CA or MESVision expense. WHA, HAI-CA, MESVision and/or the Medical Group may file a lien on any proceeds received by a Member for any expense incurred by WHA, its Medical Group, HAI/CA or MESVision, respectively. Members not legally required to be covered by Workers' Compensation benefits are eligible for twenty-four (24) hour coverage under WHA. See "Third Party Responsibility – Subrogation."
6. WHA is not liable for the lack of available services in the event of a major disaster, epidemic, war, riot or other like circumstance beyond the control of WHA which renders a Participating Provider unable to provide services. However, Participating Providers will provide or attempt to arrange for Covered Services according to their best judgment within the limitations of available facilities or personnel. If the Plan is unable to provide services it will refer Members to the nearest hospital for Emergency Services and later provide reimbursement to the Member for such Covered Services.
7. For Covered Services, WHA reserves the right to coordinate your care in a cost-effective and efficient manner.
8. Private hospital rooms are not covered unless Medically Necessary and authorized by WHA.

**Note:** Defined terms are capitalized, refer to the EOC/DF for definitions.





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