



The following frequently asked questions are only an overview of how to use your plan for coverage with Western Health Advantage. Refer to applicable Copayment Summary and Combined Evidence of Coverage and Disclosure Form (EOC/DF) for full plan details including covered and non-covered services. In case of a conflict between this document and the applicable EOC/DF, the EOC/DF establishes the benefits that will be provided.

How do I reach WHA's Member Services?

Available: Monday – Friday, 8 a.m. to 6 p.m.

Call: 916.563.2250 | 888.563.2250 toll-free | 888.877.5378 tty

Email: memberservices@westernhealth.com

For more information 24/7, visit: choosewha.com/OE

WHA's Member Services is happy to help you:

- Get started with your WHA coverage
- Choose a PCP or learn how to see a specialist
- Obtain and understand your benefit plan information
- Find out what to do if traveling or in an emergency situation
- Obtain interpretive services or translations of printed materials
- Find out what to do if you receive a bill
- File a compliment or complaint
- Provide you with a copy of your Copayment Summary(ies) and/or EOC/DF

Nurse24SM Advice Line

In addition to receiving standard advice for medical issues, Nurse24 provides access to registered nurses who are ready to answer your specific questions on general health and wellness, 24 hours a day, including direct referrals to disease management nurses. Call 877.793.3655 or chat online via mywha.org/healthsupport. Of course, you can always call your PCP's office if you are unsure if your situation needs immediate attention.

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. At the time of enrollment, you are required to select a PCP from one of the medical groups in your provider network. Your provider network and medical group is shown on your member ID card. Your PCP is responsible for coordinating all of your medical care. It is extremely important to get established with your doctor as soon as your coverage becomes effective.

Is my doctor in the WHA plan?

To obtain covered services, you must see a contracted provider. Our online provider directory at mywha.org/directory is a great tool to get the most up-to-date information about participating PCPs and specialists in the WHA network. You can also search for a provider by name, provider type, location of the practice(s), medical group affiliation or languages spoken. Printed directories are available upon request.

When will I get an ID card?

ID cards are mailed to members' homes within a few weeks of enrolling. New ID cards are also mailed whenever a change occurs that affects the information on the card, such as a new PCP, a name change or a new medical plan. As a member, you can also access and print your ID card at mywha.org or from WHA's MyWHA mobile app. A copy of your enrollment form or electronic enrollment confirmation can also be used as temporary proof of coverage.

What if I'm receiving treatment from a non-network physician?

Typically, out-of-network services are not covered unless in an urgent or emergency situation. However, if you are a new member currently undergoing acute treatment with a non-participating provider, you may qualify for Continuity of Care (CoC). For more information or to obtain a Continuity of Care Request Form, contact WHA Member Services. You may also access the CoC Form online at mywha.org.

What should I consider when choosing a PCP?

These questions may be useful when selecting a new PCP:

- What's the most convenient location for your PCP's office — near work or near home?
- Would you prefer a male or female PCP?
- Would you like to see your PCP in a private office or in a setting that offers multiple services under one roof?
- Do you prefer to speak to your PCP in another language or have specific cultural needs?
- Referrals are a great way to find the right PCP. Can your friends or colleagues recommend a doctor?

What if I want to change my PCP?

You can change your PCP online by logging into your MyWHA account at mywha.org or by calling Member Services. Your PCP effective date is the first day of the month following your request. You must wait until the effective date before seeking care from your new PCP or the services may not be covered. Upon requesting a change of PCP, WHA will issue you a new ID card confirming your new PCP's name within 10 to 12 business days. Prior to receiving your card, you can access your ID card at mywha.org or from WHA's MyWHA mobile app.

What happens if I need to see a specialist?

The Advantage Referral program allows members to access many of the specialist physicians within WHA's network, not just within their medical group. While your PCP will treat most

of your health care needs, if your PCP determines that you require specialty care, your PCP will refer you to an appropriate provider. You may request to be referred to any of the WHA network specialists who participate in the Advantage Referral program. Providers who do not participate in the Advantage Referral program are noted in the provider directory, or you may call Member Services to find out who participates in the program. Members can self-refer within the network for their annual eye exam (when covered) and OB/GYN visits. Learn more at mywha.org/referral.

Note: UC Davis Medical Group does not participate in the Advantage Referral Program. UC Davis-affiliated enrollees are not eligible to participate in the program.

What if I need help with complex medical issues?

WHA provides routine and complex Case Management (CM) services available for members who qualify for them—generally, those with conditions that require a high level of coordination of care among multiple specialists and other health care providers—at no additional cost. To learn more about our CM services or to determine if you qualify, contact WHA Member Services.

Additionally, Disease Management (DM) programs are available to members to assist with identifying strategies to optimize their health and reach personal health goals for certain members living with chronic conditions. To learn if you qualify for these no-cost DM programs, visit mywha.org/dm or contact WHA Member Services.

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

WHA covers 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 a 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?

As a member, you and/or your dependents must live or work within the WHA service area* zip code. If a member or dependent no longer lives in the WHA Service Area, they will no longer be eligible for coverage through WHA. It is important to understand that you must choose a PCP from the WHA network and that 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.

*For WHA's service area map, visit mywha.org/servicearea.

Note: For members with a group plan, please refer to

your Evidence of Coverage/Disclosure Form (EOC/DF) and Copayment Summary(ies) for a detailed description of coverage benefits and limitations.

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

If your dependent child lives outside of 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.

How can I review and track the amounts applied toward my annual deductible?

Members can review their deductible balances and annual out-of-pocket maximum using their secure, member-only website at mywha.org.

Other resources

Information and resources pertaining to utilization management and quality procedures are available to WHA members, prospective members and employers through our website. At choosewha.com/faqs, you will find information about the following topics, among others:

- Prior Authorization
- Member participation in medical treatment decisions
- Second opinions
- New technology requests
- Standing referrals
- Continuity of care
- Grievances and appeals

Much of this information is also detailed in the EOC/DF for your plan, which is available online at mywha.org. A copy may be requested by calling WHA Member Services.

Cultural and linguistic services

WHA and our providers support your right to obtain accessible health care. If you have needs with regard to your culture, language, or a disability, please contact our Member Services department or your doctor's office.

If you need assistance in a language other than English, WHA offers interpretation services in many languages, including Spanish and American Sign Language—simply contact WHA Member Services or let your doctor's office know when you call for an appointment. The deaf and hard of hearing may use WHA's TTY line at 800.877.8793.

Spanish language versions of all vital and critical Plan documents are available to our membership on our website or through WHA Member Services. Translated documents in languages other than Spanish, in large print, in braille, and other formats may be requested through your doctor's office or WHA's Member Services Department.

Pharmaceutical Management



For Western Health Advantage plans that include prescription coverage, the information below is provided as an overview of WHA's prescription medication benefit. Refer to the applicable Copayment Summary and Combined Evidence of Coverage and Disclosure Form (EOC/DF) for complete disclosure about your benefits. WHA contracts with Express Scripts®, one of America's leading pharmacy benefit managers (PBMs), to provide pharmaceutical services to our members.

Answers to Common Questions About Your Prescription Benefit

Which medications are covered under my WHA prescription benefit?

WHA uses a tiered prescription program that is based on our Preferred Drug List (PDL). You may view WHA's PDL online at mywha.org/pharmacy or request a copy by calling WHA Member Services. Refer to your copayment summary to confirm whether the plan is three or four tiered.

- Plans for large employer groups (101 or more employees) have **three tiers** of medications under the program
- Plans compliant with the Affordable Care Act (ACA)* for small groups (one to 100 employees) and individuals and families have **four tiers**.

Tiers are generally classified as follows:

- **Tier 1:** Preferred generic medications (may include certain preferred brand name medications)
- **Tier 2:** Preferred brand name medications (may include certain non-preferred generic medications)
- **Tier 3:** Non-preferred medications
- **Tier 4:** Self-injectibles (see reverse for more information)

The relevant tier for your medication can be found on WHA's PDL for your plan. Within all categories, there are a few drugs that may require prior authorization to ensure the appropriate use of the drug.

*Small groups and individuals/families can purchase ACA-compliant plans from Covered California or direct from WHA.

Are over-the-counter (OTC) drugs covered?

When your doctor writes a prescription for insulin, aspirin, folic acid (including in prenatal vitamins), fluoride for preschool age children, tobacco cessation medication, women's contraceptives and diabetic supplies, they are covered. No other OTC products are covered.

Do I have to use generics?

Under the WHA prescription program, your pharmacist will automatically substitute equivalent generics for brand name medications whenever possible, as this provides the greatest value. If your physician determines there is a need to substitute a brand name medication for a generic medication, the physician will need to specify "Dispense as Written"

on the prescription, as required by the California Board of Pharmacy regulations.

How much will I have to pay for my medications?

As long as there isn't a deductible listed on your copayment summary, you'll only be responsible for paying the relevant copayments for your medications.

You can see the copayment amounts for each medication tier on your Copayment Summary. It's a good idea to use first- and second-tier medications whenever possible, as this offers you the greatest savings.

If you are on a deductible plan, you will pay the cost of the medication until you meet the deductible for your plan for the year. This deductible is detailed on your Copayment Summary. After that, you'll only need to pay the relevant copayment for your medication, as described above.

Note: If you elect to receive a second- or third-tier medication rather than a first-tier one with no medical indication from the prescribing physician, you will have to pay the difference between the selected and the first-tier medication in addition to the relevant copayment.

Oral anti-cancer drugs will not exceed \$200 for 30-day supply.

Where do I go to get my medications?

WHA members can obtain their prescription and refill medications through:

- **Retail Pharmacies:** Most prescription medications can be obtained at any retail pharmacy but you'll get the most savings by going to a participating pharmacy with Express Scripts. If you use a non-participating pharmacy, you will be reimbursed for the amount the medication would have cost WHA at a participating pharmacy, minus any applicable copayment or other payment obligation.
- **Mail Order:** You may save time and money on medications you take regularly by ordering a 90-day supply through Express Scripts' mail-order pharmacy program. Your prescription can be refilled online or by phone and will be delivered straight to your home or office, whichever is more convenient.

How much of my medication can I get at one time?

- Prescriptions filled at retail pharmacies are limited to a 30-day supply. In some cases, WHA will waive the 30-day limitation, such as for stimulants for children with attention deficit disorder.
- Prescriptions filled by mail-order allow up to a 90-day supply.
- Specialty medications (e.g., those that cost over \$600 for a 30-day supply) are limited to a 30-day supply. WHA will allow up to two initial fills at local retail pharmacies to make sure you get started on your medications in a timely manner. All other fills will be limited to WHA's exclusive specialty pharmacy network. This network includes Accredo, UC Davis and Dignity Health on-site pharmacies.
- By California law, controlled substance medications have limited refill capabilities.
- Some drugs are limited to a fixed number of doses per 30-day period. For example, sedative hypnotics and erectile dysfunction medications, among others, are limited to a certain number of doses per 30 days.
- WHA may add other quantity limitations when WHA's Pharmacy and Therapeutics (P&T) Committee determines that it is appropriate to do so.

Online Services

Through the WHA website, you can link directly to the Express Scripts website at express-scripts.com. There, you will find an array of resources and will be able to:

- Compare prescription benefits and determine your financial responsibility for your medications;
- Order refills and renew prescriptions;
- Locate participating pharmacies;
- Determine drug-drug interactions;
- Learn about the common side-effects and significant risks of drugs;
- Determine the availability of generic substitutes for brand name medications; and
- Initiate the prior authorization process for certain drugs.

Prospective Members

Visit choosewha.com/rxpricing to determine costs for medications under a deductible plan, even if you are not yet a WHA member.

Self-Injectable Medications and Other Considerations

Self-injectable medications: Self-injectable medications (excluding insulin) are covered under the WHA medical plan, not the prescription plan, and are limited to a 30-day supply. These drugs always require prior authorization. If the self-injectable medication is approved, all related supplies will also be approved. Insulin and related supplies are covered under the prescription plan and do not require prior authorization.

Infertility medications: Medication for the treatment of infertility is covered only when the member's employer has purchased a separate infertility rider. Note: Infertility coverage is not available to members on Individual and Family Plans. All infertility services, including medical services and infertility drugs, require prior authorization. Please refer to your Infertility Benefit Copayment Summary for exclusions and limitations to this benefit.

Non-FDA approved drugs or quantities: When a physician prescribes a medication (or a quantity of a medication) that is non-FDA-approved, he/she must obtain prior authorization through the contracted medical group or WHA. For a drug or indication that is not FDA-approved, the physician must provide information regarding the FDA-approved drugs that have been tried and failed or had unacceptable side effects. If the physician prescribes a dosage of an FDA-approved drug that exceeds the FDA-approved amount, he/she must submit additional documentation of the safety and effectiveness of that dose. For any of these exception requests, WHA adheres to required timelines to resolve the issue. In the case of a denial, there is an appeal process available to the member.

Investigational drugs: Any drug that is undergoing investigational testing in humans requires case-by-case review in order for the drug to be approved for the member. Investigational New Drugs (INDs) are approved by the FDA for use on patients with serious and immediately life-threatening diseases for which no other drug or therapy exists. INDs are not available to all members since they are not approved by the FDA for commercial marketing or general use.

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. 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>.

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. لطفا 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 تساعدُه 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। ਦੁਆਬੀਏ 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 សម្រាប់អ្នកត្រចៀកច្រន់ 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 หรือคนที่คุณกำลังช่วยเหลือนั้นมีคำถามเกี่ยวกับ Western Health Advantage คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย เพื่อพูดคุยกับล่าม โทร 888.563.2250 หรือใช้ TTY สำหรับคนหูหนวกโดยโทร 888.877.5378