

Landmark Healthplan of California Member Handbook Chiropractic/Acupuncture Standard Benefit Combined Evidence of Coverage and Disclosure Form

Landmark Healthplan of California, Inc.

Western Health Advantage has contracted with Landmark Healthplan of California, Inc. to provide you with the chiropractic and acupuncture benefits described in this Combined Evidence of Coverage and Disclosure Form ("Evidence of Coverage"), which discloses the terms and conditions of coverage. These chiropractic and acupuncture services are provided through chiropractors and acupuncturists who have entered into a service agreement with Landmark Healthplan of California, Inc. (hereinafter referred to as "Landmark").

Combined Evidence of Coverage and Disclosure Form

This Combined Evidence of Coverage and Disclosure Form constitutes only a summary of the Benefit Plan. The agreement between your employer and Western Health Advantage must be consulted to determine the exact terms and conditions of coverage. Specimen copies of these documents are available upon request. This Evidence of Coverage also describes Landmark's requirements for how to use the Benefit Plan.

Please read this handbook completely including the sections on "Definitions," "Covered Services and Conditions of Coverage," "Enrollment and Eligibility," "Limitation of Benefits," "Third-Party Liability," "Coordination of Benefits," "Termination of Benefits," and "Member Grievance Resolution." If you have special health care needs, please read carefully those sections that apply to them. Consult the "Schedule of Benefits" included herein for a summary of the services and the co-payments or coinsurance, as well as Limitations and Exclusions, applicable to your Benefit Plan. If you would like more information regarding the plan's benefits, please contact Landmark's Customer Service Department at (800) 298-4875. To determine who in your family may be entitled to benefits, please consult your WHA Evidence of Coverage at "Becoming and Remaining a Member of WHA".

New Member Information

We look forward to arranging for your chiropractic and acupuncture needs. Please review this member handbook thoroughly to ensure an understanding of your chiropractic and acupuncture benefits. Understanding and following the procedures described in this booklet will help you maximize your chiropractic and acupuncture benefits. If you have any questions, contact Landmark's Customer Service Department at (800) 298-4875.

Choice of Practitioners

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PRACTITIONERS HEALTH CARE MAY BE OBTAINED.

One of the most important steps in receiving chiropractic and/or acupuncture services under this plan is to ensure that you select a Landmark Participating Chiropractor or Acupuncturist. When a need for chiropractic or acupuncture services arises, select a Participating Practitioner using the Landmark Practitioner Directory. Updated directory information is available to you on Landmark's Web site at www.LHP-CA.com under the "Member" option or is available by calling Landmark's Customer Service Department at (800) 298-4875. Once you have selected a chiropractor or an acupuncturist from the directory, make sure to verify that he/she is still a Landmark Participating Practitioner prior to receiving chiropractic or acupuncture services. You may do this by calling the chiropractor's or acupuncturist's office or by contacting Landmark's Customer Service Department at (800) 298-4875. You may change your Participating Practitioner at any time. If you need help choosing or changing a current Participating Practitioner, or if you would like help to receive services from a Practitioner of specific ethnicity, language, training or practice specialty, you may receive such assistance through the Customer Service Department.

Liability of Member for Payment

The Member will be responsible for payment of all services (except for Emergency Services) provided by Non-Participating Practitioners.

Reimbursement Provisions

The selected Participating Practitioner is responsible for verifying benefits, coordinating care and obtaining pre-authorization, when required, for chiropractic or acupuncture services. Your Participating Practitioner is also responsible for submitting claims to Landmark for Covered Services, and cannot balance-bill Members for such services; that is, Participating Practitioners may not bill Members for any portion of Covered Services except for the Co-payment..

If you receive Emergency Services from a Non-Participating Practitioner, you may submit a claim for reimbursement to Landmark by following these guidelines:

1. Submit a fully itemized bill with progress notes including:
Practitioner's name, Tax ID, and address
Date of service
Diagnosis
CPT Codes and/or description of procedures
Billed amount
2. Indicate on the claim whether you have paid the Non-Participating Practitioner's bill in full. If the claim is determined to be a Covered Service, Landmark will reimburse you less any applicable Co-payment and other charges that are your responsibility. If you have not paid the bill in full and wish Landmark to pay the Non-Participating Practitioner directly, please include a signed statement instructing Landmark to do so.
3. All claims must be submitted within one-hundred-eighty (180) days of the date of service. Please include your name, address, Member number, and daytime phone number on your claim, and mail or deliver it to:

**Landmark Healthplan of California, Inc.
P.O. Box 130028
Sacramento, CA 95853**

Please Note: Landmark reimburses your Participating Practitioner with an agreed fee for Covered Services delivered to you. Landmark does not offer bonuses or incentive payments for the performance of individual practitioners. For more information concerning how your Participating Practitioner is paid, you may contact Landmark or your Participating Practitioner.

Definitions

The following terms are used in this handbook, including the Schedule(s) of Benefits:

Acupressure — This is a massage technique utilizing pressure applied to acupuncture points.

Acupuncture — The insertion and removal of fine-gauge, solid, metallic needles into the human body to stimulate a point or points according to the principles of traditional Oriental Medicine.

Benefit Plan — A prepaid benefit plan offered by Landmark under the Services Agreement pursuant to which Members are entitled to receive Covered Services.

Conjunctive Physiotherapy — The use of therapeutic procedures or modalities to assist in Member's treatment and promote healing, that include but are not limited to hot packs, electrical muscle stimulation, or ultrasound.

Coordination of Benefits — A contractual provision that applies when a Member is covered under more than one health insurance program. Such provision requires that payment of benefits be coordinated by all programs to eliminate over insurance or duplication of benefits.

Co-payment — A fee, as set forth in the Schedule of Benefits, payable by the Member for certain services and benefits. Such fee is to be paid directly to the Participating Practitioner at the time of service. Such payment is in addition to and separate from the premiums due for your Western Health Advantage plan.

Covered Acupuncture Services — Those services described in the Schedule of Benefits within the scope of acupuncture care that are supportive and Medically Necessary for the treatment of neuromusculoskeletal pain resulting from an injury or illness, or for the treatment of uncomplicated asthma (that which is not effected by another condition or disease), allergies, post-operative or chemotherapy nausea and vomiting, nausea of pregnancy, post-operative (including dental) pain, fibromyalgia, headaches and low-back pain. Services include the following:

- ☐ Acupuncture
- ☐ Electro-acupuncture
- ☐ Moxibustion
- ☐ Cupping
- ☐ Acupressure, only when acupuncture is contraindicated

Covered Chiropractic Services — Those services within the scope of chiropractic care that are supportive or necessary to help Members achieve the physical state enjoyed before an injury or illness, and that are determined by Landmark to be Medically Necessary and are generally furnished for the diagnosis and/or treatment of a neuromusculoskeletal condition associated with an injury or illness, including the following:

- ☐ Examinations
- ☐ Manipulation
- ☐ Conjunctive Physiotherapy
- ☐ X-rays
- ☐ Emergency Services

Covered Services – Shall mean Covered Chiropractic Services and/or Covered Acupuncture Services as the context indicates.

Cupping — The production of a vacuum by means of heating a cup or cups that are then applied to the surface of the body to produce a therapeutic effect.

Electro-acupuncture — The application of a low-voltage electric current (less than 9 volts) to previously inserted acupuncture needles for the purpose of stimulating a point or points according to the principles of traditional Oriental Medicine.

Emergency Medical Condition — A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in any of the following:

- 1) Placing the patient's health in serious jeopardy.
- 2) Serious impairment to bodily functions.
- 3) Serious dysfunction of any bodily organ or part.

Emergency Services — Services rendered for the sudden and unexpected onset of an acute illness, extreme neuromusculoskeletal pain or accidental injury to the nervous, musculoskeletal and/or skeletal body systems, that, in the reasonable judgment of the Member, requires immediate care, the delay of which could decrease the likelihood of maximum recovery, and for which the Member seeks to secure acupuncture services immediately after the onset, or as soon thereafter as practicable.

ERISA – The Employee Retirement Income Security Act of 1974, as amended.

Examination — A systematic physical evaluation of the Member's complaints including the performance of evaluative measures to determine Member's state of health, which may include height, weight, blood pressure, pulse, temperature, and physique evaluations. Chiropractic examination also includes biomechanical evaluation of the spine and related joints.

Manipulation — Passive dynamic thrust applied by a Participating Chiropractor to a joint in an attempt to restore proper motion and function.

Medically Necessary — Acupuncture or chiropractic services that are:

- a) necessary for the treatment or diagnosis of neuromusculoskeletal disorders or other acupuncture services as described under Covered Chiropractic Services or Covered Acupuncture Services;
- b) established as safe and effective and furnished in accordance with generally accepted chiropractic or acupuncture standards to treat neuromusculoskeletal disorders in the most economically efficient manner that may be provided safely and effectively to the Member, and not furnished primarily for the convenience of the Member, the Participating Practitioner, or other provider of service; and
- c) appropriate for the symptoms, consistent with the diagnosis, and otherwise in accordance with generally accepted chiropractic or acupuncture practice and professionally recognized standards.

Member — An enrollee of a Western Health Advantage health plan in respect of whom Western Health Advantage has notified Landmark that such enrollee is eligible for enrollment in a Benefit Plan.

Moxibustion — The stimulation of an acupuncture point or points by means of burning artemesia vulgaris, with or without the addition of herbs, near but not in direct contact with the skin.

Neuromusculoskeletal — Conditions that display symptoms of and/or signs related to the nervous, muscular and/or skeletal body systems.

Non-Participating Practitioner — A chiropractor or an acupuncturist who is not under contract with Landmark to provide Covered Services to Members.

Outside Service Area — All geographic areas beyond the identified Service Area of Landmark as approved by the Director of the California Department of Managed Health Care.

Participating Acupuncturist — An acupuncturist under contract with Landmark to provide Covered Acupuncture Services to Members.

Participating Chiropractor — A chiropractor under contract with Landmark to provide Covered Chiropractic Services to Members.

Participating Practitioner — A chiropractor or acupuncturist under contract with Landmark to provide Covered Services to Members.

Practitioner — A chiropractor licensed pursuant to the Chiropractic Act of the State of California, who is qualified to render chiropractic services, or an acupuncturist licensed pursuant to the Business and Professions Code, Chapter 12, Section 4925-4979 of the State of California who is qualified to render acupuncture services.

Schedule of Benefits — The Schedule of Benefits pertaining to the Western Health Advantage plan in which the Member is enrolled and which has been delivered to the Member together with this Evidence of Coverage.

Services Agreement — The Chiropractic and Acupuncture Services Agreement between Landmark Healthplan of California, Inc. and Western Health Advantage dated as of September 1, 2012 as amended.

Service Area — The geographic area designated by Landmark and approved by the Director of the California Department of Managed Health Care within which Landmark shall provide Covered Services.

Terminated Practitioner — A Practitioner, previously contracted with Landmark to provide Covered Services to Members, whose participation in Landmark's network of Participating Practitioners has been terminated or non-renewed.

WHA Evidence of Coverage — The Western Health Advantage Combined Evidence of Coverage and Disclosure Form that was delivered or made available to you when you enrolled in your WHA plan.

Covered Services and Conditions of Coverage

Subject to all terms, conditions, exclusions and limitations set forth in this Evidence of Coverage and the Schedule of Benefits, you are entitled to receive Covered Services. The Schedule of Benefits is an important part of this Evidence of Coverage, and it lists the specific benefits, number of visits and Co-payments applicable to your Benefit Plan

Coverage shall commence on the date that you are enrolled in the Western Health Advantage health plan of which the Benefit Plan is a part.

Covered Chiropractic Services — Covered Chiropractic Services are those within the scope of chiropractic care that are supportive or necessary to help Members achieve the physical state enjoyed before an injury or illness, and that are determined by Landmark to be Medically Necessary and are generally furnished for the diagnosis and/or treatment of a neuromusculoskeletal condition associated with an injury or illness, including the following:

- ☐ Examinations
- ☐ Manipulation
- ☐ Conjunctive Physiotherapy
- ☐ X-rays

Covered Acupuncture Services — Those services described in the Schedule of Benefits within the scope of acupuncture care that are supportive and Medically Necessary for the treatment of neuromusculoskeletal pain resulting from an injury or illness, or for the treatment of uncomplicated asthma (that which is not effected by another condition or disease), allergies, post-operative or chemotherapy nausea and vomiting, nausea of pregnancy, post-operative (including dental) pain, fibromyalgia, headaches and low-back pain. Services include the following:

- ☐ Acupuncture
- ☐ Electro-acupuncture
- ☐ Moxibustion
- ☐ Cupping
- ☐ Acupressure, only when acupuncture is contraindicated

Initial visit — Pre-authorization is not required for a Member's initial visit, which consists of an examination by the Participating Practitioner and may be followed by treatment. However, subsequent treatments and/or services may require pre-authorization to be obtained from Landmark by the Participating Practitioner (see "Obtaining Pre-Authorization" below).

Emergency Services — Emergency Services are covered for the sudden and unexpected onset of an acute illness, extreme neuromusculoskeletal pain or accidental injury to the nervous, musculoskeletal and/or skeletal

body systems, that, in the reasonable judgment of the Member, requires immediate care, the delay of which could decrease the likelihood of maximum recovery, and for which the Member seeks to secure acupuncture services immediately after the onset, or as soon thereafter as practicable. Emergency Services do not require pre-authorization; however, they are subject to Landmark's determination that the Member would reasonably have considered that Emergency Services were required, and that services provided were Medically Necessary and appropriate.

Emergency Services rendered by a Non-Participating Practitioner are covered only when the Practitioner rendering services can show that the services were for a neuromusculoskeletal condition and/or illness and were provided to reduce the severity of the condition including pain until a Participating Practitioner could safely assume treatment. Similarly, Emergency Services received outside of Landmark's Service Area will be covered only when the Non-Participating Practitioner rendering services can show that the services were for a neuromusculoskeletal condition and/or illness and were provided to reduce the severity of the condition including pain until a Participating Practitioner could safely assume treatment. Under the Benefit Plan, emergency care must be transferred to a Participating Practitioner as soon as such transfer would not create an unreasonable risk to the Member's health.

Except for Emergency Services, Landmark will not pay for charges incurred by a Member for services from any Practitioner other than a Participating Practitioner unless authorized by Landmark. Whenever the determination of whether a Member is entitled to a benefit is based on the Medical Necessity of the service or the need for Emergency Services, Landmark shall have final authority governing such determination as well as all other benefit determinations, provided that such determinations are consistent with professional standards of practice and all terms and conditions of coverage of this Evidence of Coverage.

Limitations and Exclusions

Circumstances Causing Services to be Excluded or Limited

1. Services provided by a Non-Participating Practitioner, except for emergencies, or as authorized by Landmark
2. Services provided outside of Landmark's Service Area, except for emergencies
3. Services that are not pre-authorized, except for initial visits or emergencies
4. Services incurred prior to the beginning or after the end of coverage
5. Services that exceed the maximum annual visits for the benefit year (if applicable)
6. Educational programs
7. Pre-employment, school entrance, or athletic physical exams
8. Services rendered by a person who ordinarily resides in the Member's home or who is related to the Member by marriage or blood.

Specific Services that are Excluded or Limited

1. Experimental or investigational services other than services provided through the Independent Medical Review process.
2. Services not Medically Necessary as determined by Landmark
3. Transportation costs, including ambulance charges
4. Inpatient services
5. Massage or soft-tissue techniques
6. The ordering of advanced diagnostic services by acupuncturists or chiropractors such as MRI's or CT scans.

Chiropractic Only Limitations/Exclusions

1. Services for preventive, maintenance or wellness care
2. Vocational, stroke, or long-term rehabilitation
3. Drugs, vitamins, nutritional supplements, or herbs
4. Manipulation under anesthesia
5. Chiropractic services related to diagnosis and treatment of jaw joint or TMJ disorders
6. Treatment of non-neuromusculoskeletal disorders
7. X-rays not considered Medically Necessary or performed on equipment not certified, registered or licensed by the State of California

Acupuncture Only Limitations/Exclusions

1. Drugs, vitamins, nutritional supplements, or herbs, except as specified in the Schedule of Benefits
2. X-rays of any kind ordered by an acupuncturist

See also “Workers Compensation/Automobile Liability Coverage” for additional service limitations.

Obtaining Pre-Authorization

Your Participating Practitioner is responsible for obtaining pre-authorization from Landmark for Covered Services to the extent that such services are delivered after your eighth office visit in the case of chiropractic care and the sixth office visit in the case of acupuncture care. Within five business days of receiving the information necessary to review the request for pre-authorization, Landmark will make a decision based on Medical Necessity, and will then notify the requesting Participating Practitioner within 24 hours of making the decision. If your condition is such that you face an imminent and serious threat to your health including, but not limited to, the potential loss of life, limb, or other major bodily function, or if the five-day response time noted above would be detrimental to your life or health or could jeopardize your ability to regain maximum function, Landmark will make its decision based on Medical Necessity within 72 hours of receiving the information necessary to review the request, and will then notify the requesting Participating Practitioner within 24 hours of making the decision. As noted above, Emergency Services do not require pre-authorization; however, they are subject to Landmark’s determination that the Member would reasonably have considered that Emergency Services were required, and that services provided were Medically Necessary and appropriate. Members do not need to secure prior authorization, which is the responsibility of the Participating Practitioner. Members are, however, notified in writing within two business days of Landmark’s decision to deny, delay, or modify requested health care services. The written decision will include the specific reason or reasons for the decision; the internal criteria, guideline, or benefit interpretation policy, if any, relied upon in making the decision; the clinical reason or reasons for modifications or denials based on a lack of Medical Necessity; and information about how to file a grievance with Western Health Advantage concerning the decision. Member agrees that the requesting Participating Practitioner shall be his or her “authorized representative” (pursuant to ERISA) regarding receipt of approvals of requests for Covered Acupuncture Services for purposes of medical management. **Please note:** if a Participating Practitioner fails to obtain any required pre-authorization prior to providing Covered Services, you will **not** be financially responsible for the cost of such services (except for any applicable Co-payment).

Second Opinions and Referrals

Second opinions — On occasion, a Participating Practitioner may require a second opinion, which is for consultation only, from another Practitioner. Landmark does not require an authorization for any second opinion. Second opinions initiated by your Participating Practitioner will not count against your maximum annual chiropractic visits and will not require a Member office visit co-payment for either chiropractic or acupuncture second opinions.

Second opinions initiated by Members for chiropractic services will count against the maximum annual chiropractic visits and will require a Member office visit co-payment for either chiropractic or acupuncture second opinions.

Referrals to non-chiropractic or non-acupuncture practitioners — For referrals to non-chiropractic or non-acupuncture practitioners, Members will be referred to Western Health Advantage for non-neuromusculoskeletal conditions, conditions not improving with chiropractic or acupuncture care, and other such services that cannot be provided by another Participating Practitioner.

Your Obligations

You agree to use a Participating Practitioner when seeking chiropractic or acupuncture services, agree to cooperate with your Participating Practitioner by providing medical information necessary for Landmark’s evaluation and pre-authorization of chiropractic or acupuncture services, when required, and agree to meet with Landmark or your Participating Practitioner, if necessary. Such cooperation is necessary to ensure that Covered Services are effective and appropriate. Whenever you see your Participating Practitioner, be sure you understand what you are told about your health status. If the information or instructions given are not clear, do not hesitate to ask for further explanation. It is important that you fully understand and follow instructions carefully to maintain or regain your optimum health status.

Enrollment and Eligibility

You, and other members of your family (if applicable), are eligible for Covered Services once you and they are enrolled in the Western Health Advantage plan of which this Benefit Plan is a part. Members must meet all the eligibility requirements for membership of their Western Health Advantage health plan. Consult the “Becoming and Remaining a Member of WHA” section of your WHA Evidence of Coverage for more information..

Prepayment Fee

As noted above under “Enrollment and Eligibility”, you and other members of your family (if applicable) are entitled to benefits under the Benefit Plan so long as you are enrolled in the Western Health Advantage plan of which the Benefit Plan is a part. To remain enrolled in your Western Health Advantage plan requires the payment of the premiums and fees applicable to your plan. For information regarding these premiums and fees, Members should consult their WHA Evidence of Coverage under “Financial Considerations.”

Other Charges

You are required to pay for all co-payments, , non-covered services, services rendered due to Member fraud or deception, Emergency Services when it is determined that such services were not an emergency, and services provided by Non-Participating Practitioners.

Facilities

Please consult the Landmark Practitioner Directory for the locations of facilities and Participating Practitioners. Updated directory information is available through Landmark’s Customer Service Department at (800) 298-4875 for assistance or at Landmark’s web site at www.LHP-CA.com.

Limitation of Benefits

1. *Acts Beyond Landmark’s Control* — Landmark shall not be responsible for the provision of services or have any liability for acts of Participating Practitioners beyond Landmark’s control.
2. *Inability to Provide Covered Services* — In the event Landmark, for any reason beyond its control, is unable to provide Covered Services, then Landmark shall be liable for the reimbursement of expenses necessarily incurred by the Member in procuring the services through Non-Participating Practitioners, to the extent required by the Director of the California Department of Managed Health Care.

Continuity of Care

If you have been receiving care from a Non-Participating Practitioner immediately before becoming a Member or from a Participating Practitioner who terminates or is terminated from participation in the Landmark network, you must contact Landmark in order to be considered eligible for completion of care. You may contact Landmark’s Customer Service Department at (800) 298-4875 to request a written copy of Landmark’s continuity of care policy and for help to request that your care be continued with your current Practitioner. You may also download a Member Request for Continuity of Care form to fill out and mail in from Landmark’s Web site at www.LHP-CA.com.

Your care will not be continued with a Non-Participating Practitioner or a Terminated Practitioner if the Practitioner does not accept payment at rates and methods of payment similar to those used by Landmark for Participating Practitioners providing similar services that are practicing in the same or a similar geographic area as your Practitioner. Also, Landmark is not required to cover services or provide benefits that are not otherwise covered under the terms and conditions of this Combined Evidence of Coverage and Disclosure Form and the Schedule of Benefits. You will still be responsible for co-payments during the period of completion of Covered Services with the Non-Participating or Terminated Practitioner.

If the conditions above are met, continuity of care will be provided on these terms:

1. For an acute condition, completion of Covered Services shall be provided for the duration of the acute condition.
2. For a serious chronic condition, completion of Covered Services shall be provided for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to a Participating Practitioner, as determined by Landmark in consultation with the Member and the terminated or Non-Participating Practitioner and consistent with good professional practice. Such period of time will not exceed 12 months from either the Member’s effective date of coverage or the Practitioner’s termination date..
3. For a newborn child between birth and age 36 months, completion of Covered Services shall be provided for up to 12 months from the child’s effective date of coverage or the Practitioner’s termination date.
4. For a pregnancy, including the immediate postpartum period, completion of Covered Services shall be provided for the duration of the pregnancy and such period.

- 5, For a terminal illness, completion of Covered Services shall be provided for the duration of the terminal illness, which may exceed 12 months from the Practitioner's termination date or 12 months from the Member's effective date of coverage.

If you have further questions, you are encouraged to contact the Department of Managed Health Care, which protects HMO consumers, by telephone at its toll-free number, 1(888) HMO-2219, or at a TDD number for the hearing impaired at 1(877) 688-9891, or online at www.hmohelp.ca.gov.

Confidentiality

Landmark agrees to maintain and preserve the confidentiality of Member's medical records in accordance with state and federal laws. However, a Member authorizes the release of information and access to Member's medical records to Landmark, its agents and employees, Member's Participating Practitioner, and appropriate governmental agencies for purposes of utilization review, quality assurance, processing of any claim, financial audit, coordination of benefits, or for any other purpose reasonably related to the provision of benefits when applying for and enrolling in coverage with Western Health Advantage. When required by law, Landmark shall obtain Member's specific written authorization for the release of Member's medical records. Landmark shall not release any information to a Member's employer that would directly or indirectly indicate to the employer that a Member is receiving or has received services, unless authorized to do so by the Member.

A STATEMENT DESCRIBING LANDMARK'S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

Individual Continuation of Benefits

Member and/or Member's family may have rights to convert to individual coverage under their Western Health Advantage plan. Contact Western Health Advantage toll free at (888) 563 2250 for information on conversion to individual coverage.

Continuation of Group Coverage

Federal Continuation Provisions "COBRA" and California Continuation Provisions "Cal-COBRA"

To understand and exercise their rights under federal and California COBRA laws, Members should consult their WHA Evidence of Coverage or contact Western Health Advantage toll free at (888) 563 2250.

Third-Party Liability

In the case of injuries caused by any act or omission of a third party, other than automobile accidents (see the following section), the benefits of the Benefit Plan shall be furnished by Landmark to Member. Landmark does not delegate to Practitioners Landmark's lien rights. Member agrees, however, to reimburse Landmark, or its nominee, for the cost of such services and benefits immediately upon obtaining a monetary recovery, whether due to settlement or judgment, on account of such injury in accordance with the provisions of this section of the Evidence of Coverage. The amount that the Member shall reimburse Landmark shall equal the reasonable costs incurred in perfecting any lien against such monetary recovery plus the amount Landmark paid to the Practitioner for the Member's treatment, provided that such amount shall in no event exceed (1) one-half of the total judgment or settlement, if the Member did not engage an attorney or (2) one-third of the total judgment or settlement, if the Member engaged an attorney..

Landmark's recovery is further subject to the following two provisions.

1. Where a final judgment includes a finding by a judge, jury or arbitrator that the Member was partially at fault, Landmark's recovery shall be reduced by the same comparative fault percentage by which the Member's recovery was reduced.
2. Landmark's recovery is subject to a pro rata reduction, commensurate with the Member's reasonable attorney's fees and costs, in accordance with the common fund doctrine.

Note that the above section, "Third Party Liability" is not applicable to workers' compensation liens, hospital liens and Medicare and Medi-Cal plans.

Workers Compensation/Automobile Liability Coverage

Landmark shall not furnish benefits under the Benefit Plan that duplicate the benefits to which a Member is entitled under any applicable workers compensation law or any automobile accident or liability coverage. Member is responsible for taking whatever action is necessary to obtain the benefits of such law or coverage. If payment or services are provided by Landmark in duplication of the benefits available to Member under any such law or coverage, Landmark may seek reimbursement to the extent of the reasonable value of the benefits provided by Landmark.

Coordination of Benefits

All of the benefits provided under the Benefit Plan are subject to coordination of benefits. Coordination of benefit rules shall be applied by Landmark in accordance with the coordination of benefits regulations and interpretive instructions promulgated by the California Department of Managed Health Care, as amended from time to time, which are incorporated in the Services Agreement.

Participation in Landmark's Public Policy Standing Committee

Landmark has a Public Policy Standing Committee to make recommendations regarding Landmark's public policy. If a Member wants to participate in this committee or desires additional information regarding the development of Landmark's public policies, he or she should contact Landmark at (800) 298-4875.

Termination of Benefits

The rights of Members under their Benefit Plan shall terminate at such time as any such Member ceases to be enrolled in their applicable Western Health Advantage health plan.

Termination, Cancellation and Renewal Provisions

Members are entitled to benefits under the Benefit Plan so long as they are enrolled in the Western Health Advantage health plan of which the Benefit Plan is a part. For information regarding the termination, cancellation or renewal of their Western Health Advantage plan, Members should consult their WHA Evidence of Coverage under "Becoming and Remaining a Member." More specifically, if a Member believes that their Western Health Advantage plan was cancelled because of their health status or need for health care services they may request a review of their cancellation by the California Department of Managed Health Care. For details regarding this process, Members should consult their WHA Evidence of Coverage under "Member Satisfaction – Appeal and Grievance Procedure."

Non-Liability After Termination

Upon termination of coverage for any reason, Landmark shall have no further liability to provide benefits to any Member, including, without limitation, those Members undergoing treatment for an ongoing condition. Member's right to receive benefits hereunder shall cease upon the effective date of termination.

Parties Affected by this Agreement

Member Non-Liability

In the event Landmark fails to pay a Participating Practitioner for a covered service, Member shall not be liable to the Participating Practitioner for any sums owed by Landmark.

Participating Practitioners

Participating Practitioners providing acupuncture services pursuant to an agreement with Landmark are independent contractors. None of the Participating Practitioners or their employees or agents are employees or agents of Landmark and none of Landmark's employees or agents are employees or agents of any Participating Practitioner.

Member Grievance Resolution

Members should consult their WHA Evidence of Coverage under "Member Satisfaction Procedure" for information concerning their grievance and appeal rights.

Conformity with State Law

If any provision contained within the Evidence of Coverage and the Benefit Plan be found not to be in conformance with the California Knox-Keene Service Plan Act of 1975 or other applicable state laws, all other provisions of the Evidence of Coverage and Benefit Plan shall not be rendered invalid but shall be construed and applied as if they were in full compliance with the Act and other applicable laws.

If you need assistance or have questions call or write:

Landmark Healthplan of California, Inc.
P.O. Box 130028
Sacramento, California 95853
(800) 298-4875
www.LHP-CA.com

Fraud Prevention

Landmark is committed to making the most of your healthcare dollar. Toward that end, we are working strenuously to prevent the sort of fraudulent practices that in some healthcare markets are estimated to represent over 10% of healthcare costs. If you know of any potentially fraudulent activity that you would like to report, you may call our Fraud and Abuse Hotline at 1-800-298-4871. You may do so anonymously if you wish.

LANDMARK HEALTHPLAN PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy of “protected health information.” “Protected health information” includes individually identifiable health information, including demographic information, that relates to:

- the past, present, or future physical or mental health or condition of an individual;
- the provision of health care to an individual; or
- the past, present, or future payment for the provision of health care to an individual.

Beyond the requirements of law, we at Landmark understand and respect your right to the confidentiality of your protected health information, and we maintain numerous safeguards to protect your privacy.

As required by law, this notice provides you with information about your rights to access and control your protected health information, and our legal duties and privacy practices, including the types of uses and disclosures we will make of your protected health information.

We are required to abide by the terms of this notice, although we reserve the right to change the terms of this notice from time to time and to make the new notice provisions effective for all protected health information we maintain. You can always request a copy of our most current privacy notice by calling our Customer Service Department at (800) 298-4875, or you can access it on our web site at www.LHP-CA.com.

How We May Use and Disclose Protected Health Information About You

We are permitted by law to use or disclose your protected health information for purposes of **treatment, payment, and health care operations**.

For Treatment. This means the provision, coordination, or management of your health care and related services, including consultations between health care providers regarding your care, and referrals for health care from one health care provider to another. For example, one of your doctors may ask Landmark to supply copies of records in our possession pertaining to your treatment, or we may need to refer to your records in order to make a referral to an appropriate practitioner.

For Payment. This means activities we undertake to determine and provide the appropriate reimbursement to providers for the health care provided to you, including determinations of eligibility, coverage (including dual coverage), and appropriateness of care, and other utilization review activities. For example, prior to approving health care services, we may need to verify with your employer group or HMO the current eligibility status of you or of your dependents seeking care, and the exact level of benefits available to you through your plan.

For Health Care Operations. This means the support functions of Landmark related to **treatment** and **payment**, such as quality assurance activities, case management, provider reviews, compliance programs, audits, and business planning, development, management, and administrative activities. For example, we may use your protected health information to evaluate the performance of our providers in caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. If, to accomplish any of these purposes, we engage the services of a third-party “business associate”, we will have a written contract with the business associate containing terms that will safeguard the privacy of your protected health information.

Additionally, we are permitted by law to make the following uses and disclosures of protected health information:

To Individuals Involved in Your Care or Payment for Your Care. Under certain circumstances, we may disclose protected health information about you to family members, friends, or any other persons identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also use or disclose your protected health information to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care, of your location, general condition, or death. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, and we will disclose only the protected health information that is directly relevant to their involvement in your care. We will allow your family or friends to act on your behalf to pick up medical supplies, X-rays, or other similar forms of protected health information, when we determine, in our professional judgment, that it is in your best interest to make such disclosures.

When permitted by law, we may disclose protected health information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, to coordinate notification to your family of your location, general condition, or death.

As Required by Law. We may use or disclose protected health information when required by law, limiting this use or disclosure to the relevant requirements of such law.

For Public Health Activities. We may disclose protected health information for public health activities and purposes, which generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products to persons under the jurisdiction of the Food and Drug Administration, for the purpose of activities related to the quality, safety, or effectiveness of such FDA-regulated products;
- to notify people of product recalls, repairs, or replacement;

- to notify a person who may have been exposed to a disease or may otherwise be at risk of contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if the patient agrees or when required by law, or when authorized by law and the patient is incapacitated and thus unable to agree.

For Health Oversight Activities. We may disclose protected health information to a health oversight agency for such authorized activities as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

For Legal Proceedings. We may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

For Law Enforcement. We may disclose protected health information:

- in response to a court order, subpoena, warrant, summons, or similar process, or as otherwise required by law;
- in response to a law enforcement official's request, to identify or locate a suspect, fugitive, material witness, or missing person;
- in response to a law enforcement official's request for information about the victim of a crime, if, under certain limited circumstances, we are unable to obtain the individual's agreement;
- to alert law enforcement about a death that we believe may be the result of criminal conduct;
- to alert law enforcement about criminal conduct on our premises; and
- in an emergency, to alert law enforcement to the commission and nature of a crime; the location of the crime or victims; or the identity, description, and location of the person who committed the crime.

To Coroners, Medical Examiners, and Funeral Directors. We may disclose protected health information to a coroner or medical examiner in order, for example, to identify a deceased person or determine the cause of death. We may also disclose protected health information about patients to funeral directors as necessary to carry out their duties.

For Organ and Tissue Donation. For organ donors, we may disclose protected health information to organizations that handle organ, eye, or tissue procurement, banking, or transplantation, for the purpose of facilitating organ, eye, or tissue donation and transplantation.

For Research. Under certain circumstances, we may use and disclose protected health information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one treatment to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose protected health information for research, the project will have been approved through this research approval process, but we may, however, disclose protected health information to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the protected health information they review does not leave our premises.

To Avert a Serious Threat to Health or Safety. We may use and disclose protected health information when necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. Any disclosure, however, would only be made to someone able to help prevent or lessen the threat.

With Regard to Armed Forces Personnel. We may use and disclose the protected health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities. We may also use and disclose the protected health information of individuals who are foreign military personnel to the appropriate foreign military authority.

For National Security and Intelligence Activities; For Protective Services for the President and Others. We may disclose protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by law; for the provision of protective services to the President or other authorized persons, or to foreign heads of state; or for the conduct of authorized investigations.

For Workers' Compensation. We may disclose protected health information about you as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law to provide benefits for work-related injuries or illness.

For Health-Related Benefits and Services. We may use and disclose protected health information to contact you to provide information about other health-related benefits or services that may be of interest to you.

To Your Group Health Plan Sponsor. We may disclose protected health information about you to the sponsor of your Group Health Plan, only upon receipt of a certification from the plan sponsor that the plan documents have been amended to provide, among other things, that the sponsor will not use or disclose the information for employment-related actions and decisions.

Other Uses and Disclosures

Except for the situations set forth above, we will not use or disclose your protected health information for any other purpose unless you provide written authorization. You may revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we have already taken action in reliance on your authorization.

Your Rights Regarding Protected Health Information About You

Right to Request Restrictions. You have the right to request restrictions on our use or disclosure of protected health information about you for treatment, payment, or health care operations. You also have the right to request restrictions on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will not use or disclose protected health information about you in violation of such restriction, unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to our Privacy Officer at the address below. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that we communicate protected health information to you in a certain way or at a certain location if disclosure of all or part of that information could endanger you. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer at the address below, including a statement that other disclosure could endanger you. Your request must specify where or how you wish to be contacted. We will accommodate all reasonable requests.

Right to Inspect and Copy. You have the right to inspect and obtain a copy of protected health information about you that may be used to make decisions about your care. Usually, this includes enrollment, payment, claims adjudication, and case management records. There are a few exceptions to the sorts of protected health information available to you, such as psychotherapy notes and information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

To inspect and copy medical information that may be used to make decisions about you, you must make your request in writing to our Privacy Officer at the address below. If you request a copy of the information, we may charge a fee for the costs of copying, postage, and other supplies associated with your request.

In certain very limited circumstances, we may deny your request to inspect and copy, but in those cases, not including those types of exceptions noted above, you have the right to have the denial reviewed. A licensed health care professional who did not participate in the original decision to deny will be designated by Landmark to review the denial. We will comply with the outcome of the review.

Right to Amend. If you feel that protected health information we have about you is incorrect or incomplete, you may request that we amend the information. You have the right to request an amendment for as long as the information is kept.

To request an amendment, you must make your request in writing to our Privacy Officer at the address below. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request to amend protected health information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the protected health information kept by Landmark;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of protected health information about you within the six years prior to the date on which you request the accounting, or such shorter time period as you request. There are some few exceptions to the disclosures we must account for. Examples include disclosures to carry out treatment, payment, and health care operations; those made to you; those made pursuant to an authorization by you; those made for national security or intelligence purposes; and those that occurred prior to April 14, 2003.

To request this list or accounting of disclosures, you must make your request in writing to our Privacy Officer at the address below. Your request should indicate in what form you want the list (for example, on paper, or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, you must make your request in writing to our Privacy Officer at the address below.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Landmark or with the Secretary of the U.S. Department of Health and Human Services. You may contact the Secretary at:

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free: (877) 696 – 6775
(202) 619 – 0257
HHSMail@hhs.gov

To file a complaint with Landmark, contact our Privacy Officer at the address below. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

Privacy Officer

Michael G. Polis
Landmark Healthplan of California, Inc.
P.O. Box 130018
Sacramento, CA 95853
(916) 441-2430

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. 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। 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 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 หรือใช้TTY สำหรับคนหูหนวกโดยโทร 888.877.5378