



Why choose WHA? We check all of the boxes.

When it comes to choosing a health plan, you will likely consider three things.





...First, your network of doctors and hospitals. That's where you will access care when you need it. We have more than 3,000 doctors and specialists to choose from and 15 hospitals you know and trust.



...Second, know your essential plan benefits. This is your preventive care plus a wide range of benefits included in WHA plans, such as hospitalization, mental health services, and prescription drug coverage.



...And finally, value-added benefits you will appreciate. Our plans include services to help you manage long-term health conditions, and innovative wellness programs that address nutrition, physical fitness and more, to help you (and your family) reduce health risks and maintain a healthy lifestyle.



consider us | Dignity Health Employees: 2023 choosewha.com/dignity



······ OUR NETWORK IN YOUR NEIGHBORHOOD

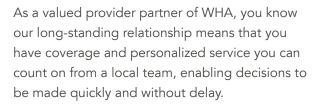
As a WHA member, you have choice and flexibility to find the right medical team for you. We offer multiple medical groups to choose from, wherever you live, work and play. Together, these leading health systems offer over 3,200 primary care physicians and specialists for your medical needs. Simply, use our Find a Doctor tool on our website to see who's available, with about 80% of our doctors accepting new patients. If you need help, our Member Services team can help you find someone that's right for you and your family.

In the Sacramento area, you will likely choose doctors affiliated with **Hill Physicians**, **Mercy Medical Group** and **Woodland Clinic**. You'll have access to five hospitals, 41 labs and 10 imaging facilities, and 13 urgent care locations. Members also have more than 285 in-network pharmacies, including many drive-throughs.

And of course, you have access to doctors and facilities from all of the medical groups in our Northern California network, including those affiliated with NorthBay Health, Meritage Medical Network, and Providence.

Note: provider numbers and locations are subject to change.

TWO PLANS TO CHOOSE FROM



Choosing Western Health Advantage through your employer connects you to affordable, reliable and comprehensive health plans from a partner you know and trust.

Tradition Plans

- Plan 211 HMO Prime You have certainty of medical costs. You pay a fixed copayment for office visits while hospitalization, lab and imaging services are covered in full.
 This option includes the choice of one of two prescription plans, Rx A or Rx D.
- Plan 312 HMO Prime You have certainty of medical costs. You pay a fixed copayment for office visits and hospitalization, while lab and imaging services are covered in full.
 This option includes Rx D prescription plan.

benefit comparison notes

- Medical or prescription services may be subject to a deductible. The member must pay for these services when services are rendered until the deductible is met in that calendar year. Charges under the deductible are based on WHA's contracted rates with the provider of service.
- ² The annual out-of-pocket maximum is the total amount that the member must pay for certain services in a calendar year.
- ³ Generally, all non-emergency care must be accessed through your Primary Care Physician (PCP) within WHA's provider network. Obstetrical and gynecological services may be obtained directly without a PCP referral.
- ⁴ There may be an office visit copay if the primary purpose of a visit is not preventive or other services are provided.
- ⁵ With the exception of pediatric vision exams, copayments for vision and hearing examinations do not contribute to the out-of-pocket maximum.
- ⁶ See Copayment Summary for applicable prosthetic/orthotic device copayment amount.
- Acupuncture and chiropractic services provided through Landmark Healthplan of California, Inc. Copayments for chiropractic services, if applicable, do not contribute to the medical OOP maximum.
- 8 Percentage copayment amounts are based on WHA's contracted rates with the provider of service.

This benefit comparison is intended to be used as a summary only. The applicable Copayment Summaries and Combined Evidence of Coverage and Disclosure Form (EOC/DF) should be consulted for a detailed description of coverage benefits and limitations. Applicants have a right to review the EOC/DF prior to enrollment. Download/print from the website or call 888.499.3198.

Dignity Health Employees PLAN COMPARISON Effective 01.01.23		DIGNITY HEALTH PLAN 211 HMO PRIME	DIGNITY HEALTH PLAN 312 HMO PRIME	
MEDICAL DEDUCTIBLE ¹	SELF-ONLY COVERAGE	none	none	
	INDIVIDUAL WITH FAMILY			
	FAMILY COVERAGE			
PRESCRIPTION DEDUCTIBLE ¹	SELF-ONLY COVERAGE	n/a		
	INDIVIDUAL WITH FAMILY		n/a	
	FAMILY COVERAGE			
ANNUAL OUT-OF- POCKET MAXIMUM ²	SELF-ONLY COVERAGE	\$1,000	\$2,500	
	INDIVIDUAL WITH FAMILY	\$1,000	\$2,500	
	FAMILY COVERAGE	\$2,500	\$4,500	
PREVENTIVE CARE SERVICES ^{3, 4}				

Preventive Care is CIF(CIF) — includes: annual physical examinations; immunizations, adult and pediatric; women's preventive services; maternity care, routine prenatal and lab tests and first post-natal visit; well baby care; and breast, cervical, prostate and colorectal cancer screenings

PROFESSIONAL/OUTPATIENT SERVICES ³				
Office or virtual visits	\$10 per visit		\$15 per visit	
Annual eye and hearing exams ⁵	\$10 per visit		\$15 per visit	
Outpatient surgery (performed in office setting)	\$10 per visit		\$15 per visit	
Outpatient surgery (facility)	Covered in Full		Covered in Full	
Laboratory test, x-rays and diagnostic imaging	Covered in Full		Covered in Full	
Imaging (CT/PET scans and MRIs)	Covered in Full		Covered in Full	
HOSPITALIZATION SERVICES				
Hospital inpatient, facility	Covered in Full		\$250 per admission	
Hospital inpatient, professional	Covered in Full		Covered in Full	
BEHAVIORAL HEALTH SERVICES Mental Health & Substance Use Disorders				
Office or virtual visits	\$10 per visit		\$15 per visit	
Outpatient other services	Covered in Full		\$250 per admission	
Inpatient services, facility	Covered in Full		Covered in Full	
OTHER SERVICES				
Emergency room (waived if admitted)	\$50 per visit		\$50 per visit	
Urgent care virtual visit/Urgent care center	\$15/\$20	per visit	\$20/\$20 per visit	
Ambulance services	Covered in Full		Covered in Full	
Durable medical equipment ⁶	al equipment ⁶ 20% ⁸		20% ⁸	
Acupuncture care, up to 20 visits ⁷	\$15 per visit		\$15 per visit	
Chiropractic care, up to 20 visits ⁷	\$15 per visit		\$15 per visit	
PRESCRIPTION DRUG PLANS	Rx A	Rx D	Rx D	
Retail Pharmacy (30-day supply) TIER 1	\$5	\$10	\$10	
Retail Pharmacy (30-day supply) TIER 2	\$10	\$20	\$20	
Retail Pharmacy (30-day supply) TIER 3	Retail Pharmacy (30-day supply) TIER 3 \$20		\$40	
OTHER PRESCRIPTION COVERAGE				
Home self-injectable medication (30-day supply)	supply) 20%, up to \$100/month ⁸		20%, up to \$100/month ⁸	

quality care is at the top of our list

We trust the doctors to decide the best health care path for patients. It's what happens when a health plan is founded by doctors. We work closely with multiple medical groups, giving our members more choice when selecting from among our network of exceptional doctors and hospitals throughout Northern California.

our service area

Coverage Eligibility

WHA is licensed in the counties and zip codes represented in the list below. Refer to the facilities list to determine hospitals/medical centers in your area.

Colusa County partial coverage 95912

El Dorado County partial coverage

95613, 95614, 95619, 95623, 95633, 95634, 95635, 95636, 95651, 95656, 95664, 95667, 95672, 95682, 95684, 95709, 95726, 95762

Humboldt County all zip codes

Marin County all zip codes

Napa County all zip codes

Placer County partial coverage

95602, 95603, 95604, 95626, 95631, 95648, 95650, 95658, 95661, 95663, 95668, 95677, 95678, 95681, 95703, 95713, 95722, 95736, 95746, 95747, 95765

Sacramento County all zip codes

Solano County all zip codes

Sonoma County all zip codes

Yolo County all zip codes

our medical groups

Choosing a Doctor

Search for doctors and facilities by using our online provider search at mywha.org/directory. Upon enrollment, members must select a primary care physician (PCP) close to home or work to allow reasonable access to care. A member's PCP is responsible for coordinating medical care. PCPs can treat most health care needs, but should a PCP determine that specialty care is needed, the member will be referred to an appropriate clinical provider. With WHA, you have access to specialists outside of your PCP's medical group with WHA's Advantage Referral program. Visit mywha.org/referral to learn more about referrals.



Hill Physicians

800.445.5747 hillphysicians.com



Mercy Medical Group

916.733.3333 mymercymedicalgroup.org



Woodland Clinic

530.668.2600 dhmf.org/woodland



Meritage Medical Network

415.884.1840 meritagemed.com



NorthBay Healthcare

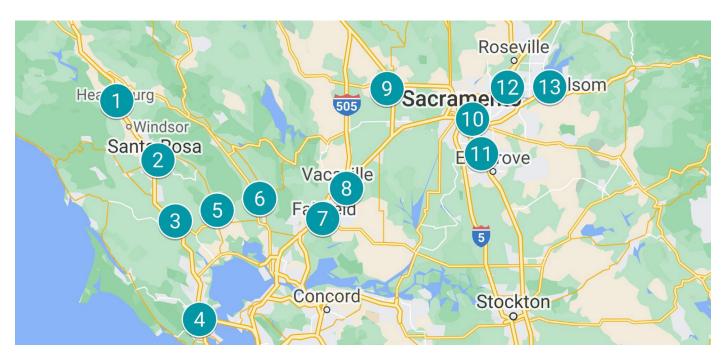
707.646.5500 northbay.org



Providence Medical Network

888.432.5464 providence.org

our facilities



North Bay Area Facilities

- Healdsburg District Hospital Healdsburg, CA 95448
- Providence Santa Rosa Memorial Hospital
 Santa Rosa, CA 95405
- 3. Petaluma Valley Hospital Petaluma, CA 94954
- 4. MarinHealth Medical Center Greenbrae, CA 94904
- 5. Sonoma Valley Hospital Sonoma, CA 95476
- Providence Queen of the Valley Medical Center
 Napa, CA 94558

Solano County Facilities

- 7. NorthBay Medical Center Fairfield, CA 94533
- 8. NorthBay VacaValley Hospital Vacaville, CA 95687

Sacramento Area Facilities

- Woodland Memorial Hospital Woodland, CA 95695
- 10. Mercy General Hospital Sacramento, CA 95819
- 11. Methodist Hospital of Sacramento Sacramento, CA 95823
- 12. Mercy San Juan Medical Center Carmichael, CA 95608
- **13. Mercy Hospital of Folsom** Folsom, CA 95630

Humboldt County Facilities >

- Providence St. Joseph Hospital Eureka
 Eureka, CA 95501
- 2. Providence Redwood Memorial Hospital Fortuna, CA 95540



Note: This is a general representation of our service area



DIRECTORY SEARCH



Go online to mywha.org/directory to search a full listing of primary care physicians, specialists, hospitals, pharmacies, and urgent care centers in your area.

Use this step-by-step guide to help deliver the results you are looking for.

1. Choose the type of provider you are looking for:

- Primary Care Physician (PCP) choose from: Family Medicine; General Practice; Internal Medicine; and Pediatrics
- Specialist examples include: Allergy; Cardiology; Dermatology;
 Obstetrics/Gynecology; Oncology; and Podiatry
- Facility examples include: Hospitals/Emergency Rooms; Pharmacies;
 Laboratories; and Urgent Care Centers

2. Use optional search filters:

- To narrow your search by a specific type of PCP, specialist or facility, select the type from the drop-down menu.
- If you are looking for a specific provider or facility, enter the provider's last name or facility name and click submit.

3. Navigate search results:

- To get additional details about a provider, click on their address.
- From the map view, click the red marker to get details about the provider.
- To continue filtering your search results, choose the filter results option located at the top of your search results.

4. Select advanced filters to define your search:

From the filter results menu, narrow down your search results by:

- Provider type
 Specialty
 Medical group affiliation
 Gender
- Accepting New Patient Status
 Effective date
 Languages spoken

5. Capture your search results:

Once you've completed your search, simply select print results to generate a downloadable and printable PDF.



DIGITAL ACCESS & VIRTUAL VISITS

WHA gives you access to your plan via our secure, member-only website and mobile app.

Sign up to access your MyWHA account

Your personalized account helps in managing your health plan with the convenience of anytime access. Create an account at **mywha.org/signup**. All it takes is an email address and some basic personal information. Resources include:

- Print a temporary member ID card
- Change your primary care physician (PCP)
- Review your plan documents
- Find a mental health provider
- Connect to your pharmacy benefits
- Search for a doctor or facility
- Access 24/7 nurse advice
- Review your out-of-pocket expenses
- Discover wellness resources and discounts
- Send secure messages to Member Services

Additional access on devices

card;

To download WHA's mobile app, visit

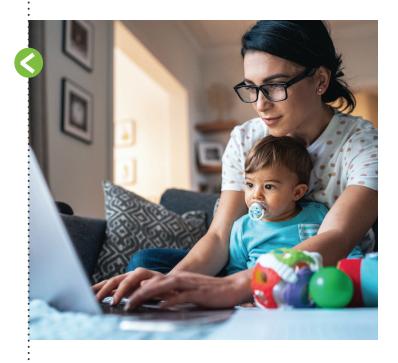
mywha.org/apps, scan this QR code or
search App Store or Google Play.

MyWHA by Western Health Advantage
offers you access to your digital WHA Member ID

one-touch call to your PCP; directions to your PCP's office; and benefit details about your plan.

Options for connecting with your doctor

Depending on your medical group's online capabilities, you have options for reaching your doctor. See **mywha.org/connect** for details: you may be able to email your doctor, view lab results, or appointments (in-person and virtual).



Alternatives to the traditional in-person office visit from WHA's provider network

Contact your doctor's office to learn more about ways to receive care from your doctor, as there may be expanded telehealth options, as well as afterhours and even weekend appointments. When a WHA network provider offers virtual visits, you will have the same cost-sharing* that you would have for an office visit.

For 24/7 urgent care needs, WHA provides Teladoc® so you can connect with a doctor using your smartphone to get a diagnosis on minor injuries, strains, sprains, rashes, or cold and flu symptoms. Visit mywha.org/Teladoc to download the app to set up an account, so you have quick access anytime, anywhere.

Note: Refer to your plan's copayment summary for cost-sharing amounts for all virtual visits.



Dignity Health PLAN 211 HMO PRIME

COPAYMENT SUMMARY a uniform health plan benefit and coverage matrix

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE/DISCLOSURE FORM AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

member

responsibility DEDUCTIBLE

none Deductible amount

ANNUAL OUT-OF-POCKET MAXIMUM

The out-of-pocket maximum is the most a member will pay in a calendar year for covered services. Once copayment costs reach the annual out-of-pocket maximum, WHA will cover 100% of the covered services for the remainder of the calendar year. Amounts paid for non-covered services do not count toward a member's out-of-pocket maximum.

\$1,000 Self-only coverage

\$1,000 Individual with Family coverage

\$2,500 Family coverage

none Lifetime maximum

cost to member Preventive Care Services

Preventive care services, including laboratory tests, as outlined under the Preventive Services Covered without Cost-Sharing section of the EOC/DF. See additional benefit information at mywha.org/preventive.

- Annual physical examinations and well baby care
- · Immunizations, adult and pediatric
- Women's preventive services
- · Routine prenatal care and lab tests, and first post-natal visit
- Breast, cervical, prostate, colorectal and other generally accepted cancer screenings

NOTE: In order for a service to be considered "preventive," the service must be provided or ordered by your PCP or OB/GYN, and the primary purpose of the visit must be to obtain the preventive service. In the event you receive additional services that are not part of the preventive exam (for example, procedures or labs resulting from screenings or in response to your medical condition or symptoms), you will be responsible for the cost of those services as described in this copayment summary.

Professional Services

\$10 per visit Office or virtual visit, primary care and other practitioners not listed below

\$10 per visit Office or virtual visit, specialist

\$10 per visit** Vision and hearing examinations

\$10 per visit Family planning services

Outpatient Services

Outpatient surgery

\$10 per visit • Performed in office setting

none

• Performed in facility — facility fees

• Performed in facility — professional services

Dialysis, chemotherapy, infusion therapy and radiation therapy none

Laboratory tests none

none X-ray and diagnostic imaging

none Imaging (CT/PET scans and MRIs)

\$5 per visit Therapeutic injections, including allergy shots

Hospitalization Services

Facility fees — semi-private room and board and hospital services for acute care or intensive care, including:

- · Newborn delivery (private room when determined medically necessary by a participating provider)
- · Use of operating and recovery room, anesthesia, inpatient drugs, X-ray, laboratory, radiation therapy, blood transfusion services, rehabilitative services, and nursery care for newborn babies

none Professional inpatient services, including physician, surgeon, anesthesiologist and consultant services

Dignity Health PLAN 211 HMO PRIME

cost to member Urgent and Emergency Services

Outpatient care to treat an injury or sudden onset of an acute illness within or outside the WHA Service Area:

\$10 per visit • Physician's office or virtual visit

\$15 per visit • Urgent care virtual visit

\$20 per visit • Urgent care center

\$50 per visit • Emergency room — facility fees (waived if admitted)

none • Emergency room — professional services

none • Ambulance service as medically necessary or in a life-threatening emergency (including 911)

Prescription Coverage

Outpatient prescription medications are covered under the prescription rider plan (see your Prescription Copayment Summary).

Durable Medical Equipment (DME)

Durable medical equipment (excluding orthotic and prosthetic devices) when determined by a participating physician to be medically necessary and when authorized in advance by WHA

\$10 Orthotics and prosthetics when determined by a participating physician to be medically necessary and when authorized in advance by WHA

Behavioral Health Services

Mental Health Disorders and Substance Abuse

\$10 per visit • Office or virtual visit

none • Outpatient services

none • Inpatient hospital services, including detoxification — provided at a participating acute care facility

none • Inpatient hospital services — provided at residential treatment center

none • Inpatient professional services, including physician services

Mental health disorders means disturbances or disorders of mental, emotional or behavioral functioning, including Severe Mental Illness and Serious Emotional Disturbance of Children (SED).

Other Health Services

none Home health care when prescribed by a participating physician and determined to be medically necessary, up to 100 visits in a calendar year

none Skilled nursing facility, semi-private room and board, when medically necessary and arranged by a primary care physician, including drugs and prescribed ancillary services, up to 100 days per calendar year

none Hospice services

\$10 per visit Habilitation services

\$10 per visit Outpatient rehabilitative services, including:

- Physical therapy, speech therapy and occupational therapy, when authorized in advance by WHA and determined to be medically necessary
- Respiratory therapy, cardiac therapy and pulmonary therapy, when authorized in advance by WHA and determined to be medically necessary and to lead to continued improvement

none Inpatient rehabilitation

Abortion and abortion-related service, including pre-abortion and follow-up services none

50%* Infertility testing**

Infertility services — covered under the Infertility rider plan (see Infertility A Copayment Summary)**

Acupuncture and chiropractic services, provided through Landmark Healthplan of California, Inc., no PCP referral required. See additional benefit information at mywha.org.

\$15 per visit

• Acupuncture, up to 20 visits per year

\$15 per visit** • Chiropractic care, up to 20 visits per year

Percentage copayments are based upon WHA's contracted rates with the provider of service.

^{**} With the exception of pediatric vision exams, copayments for these specified services do not contribute to the medical out-of-pocket maximum.



Dignity Health PLAN 312 HMO PRIME

COPAYMENT SUMMARY a uniform health plan benefit and coverage matrix

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE/DISCLOSURE FORM AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

member

responsibility DEDUCTIBLE

none Deductible amount

ANNUAL OUT-OF-POCKET MAXIMUM

The out-of-pocket maximum is the most a member will pay in a calendar year for covered services. Once copayment costs reach the annual out-of-pocket maximum, WHA will cover 100% of the covered services for the remainder of the calendar year. Amounts paid for non-covered services do not count toward a member's out-of-pocket maximum.

\$2,500 Self-only coverage

\$2,500 Individual with Family coverage

\$4,500 Family coverage none Lifetime maximum

cost to member Preventive Care Services

none Preventive care services, including laboratory tests, as outlined under the Preventive Services Covered without Cost-Sharing section of the EOC/DF. See additional benefit information at mywha.org/preventive.

- Annual physical examinations and well baby care
- Immunizations, adult and pediatric
- Women's preventive services
- Routine prenatal care and lab tests, and first post-natal visit
- Breast, cervical, prostate, colorectal and other generally accepted cancer screenings

NOTE: In order for a service to be considered "preventive," the service must be provided or ordered by your PCP or OB/GYN, and the primary purpose of the visit must be to obtain the preventive service. In the event you receive additional services that are not part of the preventive exam (for example, procedures or labs resulting from screenings or in response to your medical condition or symptoms), you will be responsible for the cost of those services as described in this copayment summary.

Professional Services

\$15 per visit Office or virtual visit, primary care and other practitioners not listed below

\$15 per visit Office or virtual visit, specialist

\$15 per visit** Vision and hearing examinations

\$15 per visit Family planning services

Outpatient Services

Outpatient surgery

\$15 per visit • Performed in office setting

• Performed in facility — facility fees

 Performed in facility — professional services none

none Dialysis, chemotherapy, infusion therapy and radiation therapy

none Laboratory tests, X-ray and diagnostic imaging

none Imaging (CT/PET scans and MRIs)

\$5 per visit Therapeutic injections, including allergy shots

Hospitalization Services

\$250 per admission

Facility fees — semi-private room and board and hospital services for acute care or intensive care, including:

- · Newborn delivery (private room when determined medically necessary by a participating provider)
- · Use of operating and recovery room, anesthesia, inpatient drugs, X-ray, laboratory, radiation therapy, blood transfusion services, rehabilitative services, and nursery care for newborn babies

none Professional inpatient services, including physician, surgeon, anesthesiologist and consultant services



cost to member Urgent and Emergency Services

Outpatient care to treat an injury or sudden onset of an acute illness within or outside the WHA Service Area:

- \$15 per visit Physician's office or virtual visit
- \$20 per visit Urgent care virtual visit
- \$20 per visit Urgent care center
- \$50 per visit Emergency room facility fees (waived if admitted)

 - none Emergency room professional services
 - none Ambulance service as medically necessary or in a life-threatening emergency (including 911)

Prescription Coverage

Outpatient prescription medications are covered under the prescription rider plan (see your Prescription Copayment Summary).

Durable Medical Equipment (DME)

- Durable medical equipment (excluding orthotic and prosthetic devices) when determined by a participating physician to be medically necessary and when authorized in advance by WHA
 - \$15 Orthotics and prosthetics when determined by a participating physician to be medically necessary and when authorized in advance by WHA

Behavioral Health Services

Mental Health Disorders and Substance Abuse

\$15 per visit • Office or virtual visit

none • Outpatient services

- \$250 per admission Inpatient hospital services, including detoxification provided at a participating acute care facility \$125 per admission • Inpatient hospital services — provided at residential treatment center
- - none Inpatient professional services, including physician services

Mental health disorders means disturbances or disorders of mental, emotional or behavioral functioning, including Severe Mental Illness and Serious Emotional Disturbance of Children (SED).

Other Health Services

none Home health care when prescribed by a participating physician and determined to be medically necessary, up to 100 visits in a calendar year

none Skilled nursing facility, semi-private room and board, when medically necessary and arranged by a primary care physician, including drugs and prescribed ancillary services, up to 100 days per calendar year

none Hospice services

\$15 per visit Habilitation services

\$15 per visit Outpatient rehabilitative services, including:

- Physical therapy, speech therapy and occupational therapy, when authorized in advance by WHA and determined to be medically necessary
- Respiratory therapy, cardiac therapy and pulmonary therapy, when authorized in advance by WHA and determined to be medically necessary and to lead to continued improvement

\$250 per admission

Inpatient rehabilitation

Abortion and abortion-related service, including pre-abortion and follow-up services none

50%* Infertility testing**

Infertility services — covered under the Infertility rider plan (see Infertility A Copayment Summary)**

Acupuncture and chiropractic services, provided through Landmark Healthplan of California, Inc., no PCP referral required. See additional benefit information at mywha.org.

- Acupuncture, up to 20 visits per year
- \$15 per visit** Chiropractic care, up to 20 visits per year

Percentage copayments are based upon WHA's contracted rates with the provider of service.

^{**} With the exception of pediatric vision exams, copayments for these specified services do not contribute to the medical out-of-pocket maximum.





COPAYMENT SUMMARY

Western Health Advantage shall cover Prescription medications at Participating Pharmacies, prescribed in connection with a covered service and subject to conditions, limitations and exclusions stated in the Combined Evidence of Coverage and Disclosure Form (EOC/DF) located on the MyWHA Plan toolbar at mywha.org.

Medications on a member's three-tier prescription plan are categorized as follows in WHA's Preferred Drug List (PDL):

- Tier 1 Preferred generic and certain preferred brand name medication
- Tier 2 Preferred brand name and certain non-preferred generic medication*
- Tier 3 Non-preferred (generic or brand) medication*

The PDL is a listing of medications developed by WHA's Pharmacy and Therapeutics Committee as drugs of choice in their respective tiers. Drugs are evaluated regularly by the committee to ensure rational and cost-effective use of pharmaceutical agents. The committee reviews all medications for their efficacy, quality, safety, similar alternatives and cost in determining their inclusion on the PDI.

Please note that a drug's presence on the WHA PDL does not guarantee that the member's physician will prescribe the drug. There are a small number of drugs, regardless of tier, that may require prior authorization to ensure appropriate use based on criteria set by the committee.

Members may request a copy of the PDL by calling WHA Member Services or view the document online at mywha.org/pharmacy.

PRESCRIPTION COST TO MEMBER

Walk-In Pharmacy (up to 30-day supply)

\$5 Tier 1 \$10 Tier 2* \$20 Tier 3*

Mail Order (up to 90-day supply)

\$12.50 Tier 1 \$25 Tier 2* \$50 Tier 3*

Other Prescription Coverage

20%** Home self-injectable medication up to \$100 maximum per 30-day supply 50%** Erectile Dysfunction medication* up to \$250 maximum per 30-day supply none Aspirin, folic acid (including in prenatal vitamins), fluoride for preschool age children, tobacco cessation medication and women's contraceptives; generic required if available

Covered Prescription Medications

- Oral medications that require a Prescription by state or federal law, written by a Participating Physician, or a pharmacist if allowed by law, and dispensed by a Participating Pharmacy.
- Covered Prescription medications dispensed by a non-Participating Pharmacy outside of WHA's service area for urgent or emergency care only (the receipt may be submitted to WHA for reimbursement).
- Compounded Prescriptions for which there is no FDA-approved alternative and which contain at least one Prescription ingredient.
- Insulin, insulin syringes with needles, glucose test strips and tablets.
- Oral contraceptives and diaphragms.

Members will pay the lesser of the applicable copayment, the actual cost, or the retail price of the prescription.

Non-injectable specialty medication may be classified on Tiers 1-3. Regardless of tier, all specialty medications are limited to a 30-day supply.

Prescription copayments contribute to the medical annual out-of-pocket maximum unless copayment is for the treatment of Infertility.

*Regardless of medical necessity or generic availability, the member will be responsible for the applicable copayment when a Tier 2 or Tier 3 medication is dispensed. If a Tier 1 medication is available and the member elects to receive a Tier 2 or Tier 3 medication without medical indication from the prescribing physician, the member will be responsible for the difference in cost between the Tier 1 and the purchased medication in addition to the Tier 1 copayment. The amount paid for the difference in cost does not contribute to the medical out-of-pocket maximum.

**Percentage copayments are based upon WHA's contracted rates with the provider of service.



PRESCRIPTION D

COPAYMENT SUMMARY

Western Health Advantage shall cover Prescription medications at Participating Pharmacies, prescribed in connection with a covered service and subject to conditions, limitations and exclusions stated in the Combined Evidence of Coverage and Disclosure Form (EOC/DF) located on the MyWHA Plan toolbar at mywha.org.

Medications on a member's three-tier prescription plan are categorized as follows in WHA's Preferred Drug List (PDL):

- Tier 1 Preferred generic and certain preferred brand name medication
- Tier 2 Preferred brand name and certain non-preferred generic medication*
- Tier 3 Non-preferred (generic or brand) medication*

The PDL is a listing of medications developed by WHA's Pharmacy and Therapeutics Committee as drugs of choice in their respective tiers. Drugs are evaluated regularly by the committee to ensure rational and cost-effective use of pharmaceutical agents. The committee reviews all medications for their efficacy, quality, safety, similar alternatives and cost in determining their inclusion on the PDI.

Please note that a drug's presence on the WHA PDL does not guarantee that the member's physician will prescribe the drug. There are a small number of drugs, regardless of tier, that may require prior authorization to ensure appropriate use based on criteria set by the committee.

Members may request a copy of the PDL by calling WHA Member Services or view the document online at mywha.org/pharmacy.

PRESCRIPTION COST TO MEMBER

Walk-In Pharmacy (up to 30-day supply)

\$10 Tier 1 \$20 Tier 2*

\$40 Tier 3*

Mail Order (up to 90-day supply)

\$25 Tier 1 \$50 Tier 2* \$100 Tier 3*

Other Prescription Coverage

20%** Home self-injectable medication up to \$100 maximum per 30-day supply

50%** Erectile Dysfunction medication* up to \$250 maximum per 30-day supply

none Aspirin, folic acid (including in prenatal vitamins), fluoride for preschool age children, tobacco cessation medication and women's contraceptives; generic required if available

Covered Prescription Medications

- Oral medications that require a Prescription by state or federal law, written by a Participating Physician, or a pharmacist if allowed by law, and dispensed by a Participating Pharmacy.
- Covered Prescription medications dispensed by a non-Participating Pharmacy outside of WHA's service area for urgent or emergency care only (the receipt may be submitted to WHA for reimbursement).
- Compounded Prescriptions for which there is no FDA-approved alternative and which contain at least one Prescription ingredient.
- Insulin, insulin syringes with needles, glucose test strips and tablets.
- Oral contraceptives and diaphragms.

Members will pay the lesser of the applicable copayment, the actual cost, or the retail price of the prescription.

Non-injectable specialty medication may be classified on Tiers 1-3. Regardless of tier, all specialty medications are limited to a 30-day supply.

Prescription copayments contribute to the medical annual out-of-pocket maximum unless copayment is for the treatment of Infertility.

*Mandatory generic substitution unless dispensed as written (DAW). (DAW: member pays Tier 2 or Tier 3 copay for brand name plus cost difference between Tier 1 and Tier 2 or 3 when brand name is requested by member). The copay/cost share can never exceed the cost of the drug dispensed. The amount paid for the difference in cost does not contribute to the medical annual out-of-pocket maximum.

**Percentage copayments are based upon WHA's contracted rates with the provider of service.



24/7 access to pharmacists, online and mobile app prescription management, and tool to find pharmacies.

Options for filling prescriptions with OptumRx

Pick up at a local retail pharmacy

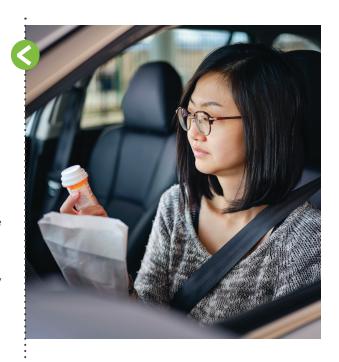
- You can fill most prescription medications at any retail pharmacy. Get the most savings by going to one of thousands of network retail pharmacies, which include large national chains and many local pharmacies. Some locations may have drive-thru options.
- For medications you take regularly, save time and money by asking your doctor about a 90-day supply using Select90 at Walgreens or CVS Pharmacy.

Get prescriptions mailed to your home

 You may also fill regular prescriptions through OptumRx's mail-order pharmacy program. There is no charge for standard shipping. To get started, ask your doctor to send an electronic prescription to OptumRx or call 844.568.4150.

Careful coordination of specialty medications

- To ensure you get started on your specialty medications in a timely manner, you are able to pick up two initial fills at local retail pharmacies, with some exceptions (a drug may be limited by the FDA and/or the manufacturer to a specific specialty pharmacy, for example).
- If you have a prescription for a specialty medication with Optum Specialty Pharmacy, you will be automatically enrolled into OptumRx's clinical management program.
 All specialty medications are shipped at no cost to your doctor's office or your home, depending on who administers the medication. To get started call 855.427.4682 or visit specialty.optumrx.com.
- Optum's patient care coordinators and pharmacists are highly trained to understand your special therapy needs.
 Access registered pharmacists who review lab results and check for side effects or drug interactions.



OptumRx digital services

- OptumRx App/OptumRx.com: Find a network pharmacy, check medication coverage, track home delivery orders, renew or refill your prescriptions and more. Search OptumRx app in the App store or Google Play.
- Automatic Refills: You can enroll any qualifying medications in the automatic refill program. OptumRx will automatically fill and send your medications right to your home. They'll notify you when your medications are ready to ship.
- Medication Reminders: Never miss a dose with the My Medication Reminders[™] tool. You can set your own customized notification schedules to receive text message reminders from OptumRx.





Behavioral health benefits from WHA are managed through our partner, Magellan Health

Benefits may include inpatient care, outpatient care, psychiatrist evaluation and office visits, and substance abuse treatment, as defined in your plan. Magellan care managers are skilled mental health and substance abuse experts. Their purpose is to assess your situation and ensure that you or your eligible dependents receive the type of assistance or care required to help relieve your concern or resolve your problem in a timely way.

Depression Prevention Programs

Included in your plan is access to these programs designed to assist those who may be at a risk for depression:

- Postpartum Depression Prevention: Screens for postpartum depression in moms who have recently delivered a newborn.
- Depression Screening After a Medical Admission: Screens for depression in members recently hospitalized for a medical event, such as a heart attack, cancer or stroke.
- Poorly Controlled Diabetes with a Cardiac Event: Screens for depression in members whose diabetes is poorly controlled and have had a cardiac event such as a heart attack, angina, irregular heartbeat, etc.

Behavioral health and substance abuse services with no referral needed from your primary care physician.

Look to mywha.org/BH to search WHA's customized Magellan provider directory. Find the care you need close to home or work, or through our telehealth options.

Follow the link to the Magellan website, create an account, and discover the online resource available to WHA members. Use interactive tools such as self assessments and calculators, or browse the on-demand learning topics.

Free Magellan 24-Hour Crisis Line

Members can call 800.327.7451 at no charge to get help in coping with feelings of fear, sadness, anger and hopelessness. Crisis line callers will speak directly to a masters-level, certified licensed mental health clinician.

Take advantage of virtual visits from home, work or school

- Accessibility and convenience
- Flexible appointment times
- Offered at the cost of an office visit*

This is a summary of the highlights of behavioral health coverage included in WHA plans. For complete benefit information, members can refer to the Combined Evidence of Coverage and Disclosure Form (EOC/DF) on mywha.org; also available upon request.

^{*}Refer to your plan's copayment summary



Complementary and alternative medicine benefits are provided by our partner, Landmark Healthplan of California, Inc.

Your health plan includes up to 20 annual visits for each acupuncture and chiropractic care. See your medical copayment summary to confirm cost. PCP referral is not required to receive covered services.

Access Landmark Health via **mywha.org/CAM** or call 800.298.4875 to locate a participating practitioner and download or request a combined Summary of Benefits/Evidence of Coverage based on your plan type.





Acupuncture benefit

Covers treatment of pain related to acute neuromusculoskeletal conditions such as dysfunction of the neck, back or joints, headaches, carpal tunnel, arthritis, allergies and asthma.

Typically covered acupuncture services include:

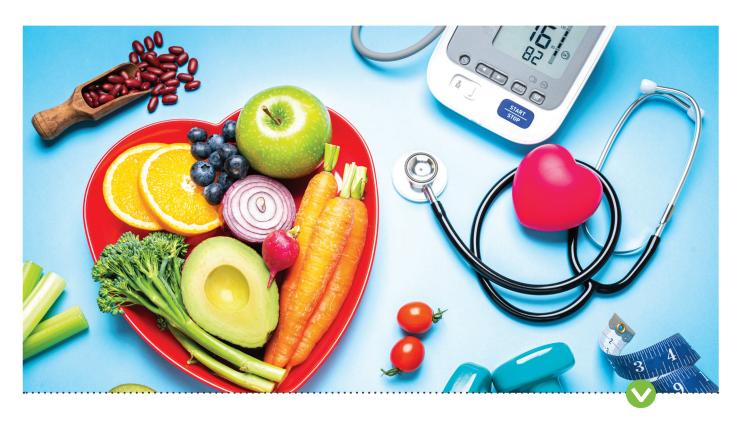
- Evaluation
- Manual stimulation
- Electroacupuncture
- Moxibustion
- Acupressure
- Cupping

Chiropractic benefit

Covers treatment of pain related to acute neuromusculoskeletal conditions such as low back pain, sprains and strains, headaches, neck pain and muscle spasms.

Typically covered chiropractic services include:

- History
- Conjunctive physiotherapy
- Examination
- X-rays
- Manipulation



healthy living resources | mywha.org/wellness

Nutritional counseling benefit

> mywha.org/nutrition There are a number of reasons to consider counseling for nutrition, but when your weight impacts your health and lifestyle, then it's important to look for support from your doctor and your health plan. WHA's network medical group partners support our group members in weight management, whether for addressing obesity, eating disorders, or needed weight gain. Talk with your doctor, as you must meet specified medical criteria and demonstrate a documented readiness to make nutrition and lifestyle changes. If your doctor refers you to a nutritionist, you will have the same cost-sharing* that you would have for a primary care office visit. Eligible members get three initial visits with a nutritionist; with additional visits based on documented improvement. *Refer to your plan's copayment summary for cost-sharing amounts.

Mobile app for pain management

> mywha.org/Kaia Kaia Health offers a digital physical therapy app for acute and chronic musculoskeletal (MSK) pain. With Kaia, you receive physical therapy through your mobile phone or tablet. Adults with acute or chronic pain—in their neck, shoulders, back, hips, wrists and knees—may benefit from timely physical therapy receive artificial intelligence/Al-driven physical therapy instruction and monitoring. This innovative new technology is designed by orthopedists and physical therapists and shows real promise for members to get care conveniently. It's a way that WHA can offer convenient care with smart health technology so members can be proactive in own health care.



healthy living resources | mywha.org/wellness

Online tools to manage hypertension

> mywha.org/Livongo Livongo for Hypertension program delivers tools and coaching to help adults living with hypertension better monitor and manage your blood pressure. Livongo includes a suite of tools including a connected blood pressure monitor, real-time insights after each reading, health education, and one-on-one support from expert coaches. Individuals will access Livongo's wireless, mobile, web-based hypertension portal. Here's what you get when you sign up: an advanced blood pressure monitor sent to your home; personalized insights into blood pressure readings; one-on-one coaching and guidance for making changes and to help you develop healthy habits in your diet and lifestyle; all in an easy-to-use app and dashboard.

Health and fitness discounts

> mywha.org/fitness Together with our Active&FitTM partner, we bring ChooseHealthy® providing savings on wellness products and services to help you discover new ways to live better every day. The program includes product discounts from 10% to 50% on popular health and fitness brands, such as FitBit, Garmin, SunBasket, Skechers, and more. Members also save money on therapeutic massage services through a network of practitioners. There's also no-cost online health classes and other services to support a member's healthy lifestyle.

Gym and fitness center partnerships

> mywha.org/fitness WHA makes the decision to be active a little easier through gym and fitness center partnerships. Active&Fit Direct® allows you access to a wide range of fitness centers for a minimal monthly fee. Other area partners include: California Family Fitness; HealthSpring Fitness (Vacaville); Spare Time Clubs; and Synergy Health Club (Petaluma and Napa). Visit our website to get an up-to-date list of gym partners with details on how to contact or visit their facilities. Be sure to let them know you are a WHA member, showing them your ID card when applicable.

Type 2 diabetes reversal program

> mywha.org/Virta WHA partners with Virta Health to offer a clinically proven treatment to reverse type 2 diabetes without calorie-counting, surgery, or medication. The Virta program is different from other diabetes treatments, as it teaches you how to change your diet so your body burns fat for energy, lowers your blood sugar, and the need for diabetes medication. This program is at no added cost to eligible members. Virta's telehealth program helps patients lower A1c, reduce or eliminate diabetes medications, and lose weight.

Preventive care resources

> mywha.org/guidelines Preventive health guidelines are designed to help make more informed decisions about your health. WHA wants you to know that by following these guidelines and working with your doctor you are taking important steps to safeguard your health. Guidelines include health screenings, tests and other services that are available to you at no additional cost*, starting at birth through adulthood. WHA also includes easy-to-read, up-to-date immunization schedules as recommended by the Centers for Disease Control and Prevention. *Coverage for WHA services depends on eligibility at the time of service.



healthy living resources | mywha.org/wellness

Online, personal wellness portal

> mywha.org/wellness WHA's MyWHA Wellness program helps you set personal wellness goals while providing easy online tools to help you achieve them. Your health and wellness portal is the central hub for all wellness program components. Start by taking the wellness assessment, which will give you a wellness score along with a personalized report about your medical and behavioral health risks. Within the portal you can set individual health goals, get personalized action plans, track your progress, access helpful health content, and be part of a supportive online community.

24/7 nurse advice via secure chat or phone

> mywha.org/nurse24 You have 24/7 access to an advice line staffed with California licensed registered nurses. With Nurse24, speak directly with a nurse by calling our dedicated phone number or even chat online. If needed, there are interpreters available upon request. Registered nurses are available to answer any of your health questions, including direct referrals to disease management and other programs.

Chronic care/condition management

> mywha.org/DM WHA members have access to disease management programs at no additional cost. The programs offer members living with a chronic illness helpful resources to manage and control their condition. The programs focus on these chronic illnesses: asthma, coronary artery disease, and diabetes.

Library and decision aids

> mywha.org/healthsupport WHA's wellness library covers a variety of health topics and includes an interactive program known as Decision Aids that guides you through important health decisions. Decision Aids combines medical information with your personal values on medical tests, medicines, surgeries and other treatments. It guides you to make informed decisions about your health care.

Classes and support groups

> mywha.org/classes You have access to most of the instructor-led health education programs and classes sponsored by our network's medical groups. Find classes, programs and/or support groups for: diabetes, lung health, nutrition, orthopedics, parenting, pregnancy and childbirth, smoking cessation. Unless otherwise noted, most health programs or classes are free.

Healthy and delicious recipes

> mywha.org/recipes The benefits of a nutritionally sound lifestyle are countless and include decreased risk for and treatment of infections and disease, improved emotional well-being, healthy weight management and lengthened longevity. Using the WHA website, you can browse hundreds of healthy recipes from reputable non-profit health organizations such as: American Heart Association, American Diabetes Association and American Cancer Society.





Anytime you travel 100 miles or more away from home, even in a foreign country, WHA members benefit from assistance services from Assist America.

Assist America's experienced crisis management professionals work out of a state-of-the-art operations center, 24 hours a day, 7 days a week, offering worldwide response capabilities to provide you with these benefits and more.

- A global network of expert medical providers
- Medical consultation, evaluation and referral
- Prescription assistance
- Foreign hospital admission assistance
- Critical care monitoring and case management
- Emergency medical evacuation
- Emergency message transmission
- Care of minor children
- Compassionate visit
- Legal and interpreter referrals
- Lost luggage or document assistance
- Pre-trip information

Note: Urgent care and emergency care services are covered under your WHA health plan wherever you are in the world.

Providing assistance services worldwide when traveling 100 miles or more from home.

Assist America is closely monitoring the latest COVID-19 developments and has adapted its emergency assistance offering in accordance with CDC and WHO guidelines.

Additional benefits include:

- > Testing Site Referral: Trained, multilingual assistance personnel can help locate COVID-19 testing facilities near member's location.
- > Medical Monitoring: If a member has COVID-19, will monitor member's medical condition through the quarantine process and liaise with health plan.
- > Stranded Traveler Assistance:

 If stranded while traveling due
 to COVID-19 travel restrictions,
 experienced travel assistance
 coordinators will help member make
 arrangements to return home, when
 legally permissible.
- Digital Resources: Up-to-date COVID-19 info can be found on a dedicated landing page on Assist America's website and Assist America Mobile App and via weekly COVID-19 emails.

Western Health Advantage complies with applicable Federal and California civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, as applicable. Western Health Advantage does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

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 at 888.563.2250 and find more information online at https://www.westernhealth.com/legal/non-discrimination-notice/.

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, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance by telephone, mail, fax, email, or online 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, https://www.westernhealth.com/legal/grievance-form/. If you need help filing a grievance, the Member Services Manager is available to help you. For more information about the Western Health Advantage grievance process and your grievance rights with the California Department of Managed Health Care, please visit our website at https://www.westernhealth.com/legal/grievance-form/.

If there is a concern of discrimination based on race, color, national origin, age, disability, or sex, 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 անվձար 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 اَدونتیج) 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 شماره888.877.5378 پیام تاییی 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 ТТҮ 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 تساعده أسئلة بخصوص Western Health Advantage، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل بـ 888.877.5378، 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। ਦੁਭਾਸੀਏ 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, អ្នកមានសិទ្ធិទទួលជំនួយនឹងព័ត៌មាន នៅក្នុងភាសារបស់អ្នក 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। दुभाशिए 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।

THA

หากคุณ หรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ Western Health Advantage คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย เพื่อพูดคุยกับล่าม โทร 888.563.2250 หรือใช้TTY สำหรับคนหูหนวกโดยโทร 888.877.5378

BUILT-IN HEALTH AND WELLNESS SUPPORT



Here are just a few of the value-added benefits you get when choosing Western Health Advantage for your health coverage.

- **Virta Health** is a telehealth program that reverses type 2 diabetes by helping participants lower blood sugar and A1C, reduce or eliminate diabetes medications, and lose weight. We have hundreds of members in the program and already seeing great results. The coaching, services, and supplies, which is a value estimated at \$3,000, are included at no added cost when you choose a WHA health plan.
- Livongo® for Hypertension provides advanced tools to help manage high blood pressure, such as a connected blood pressure monitor sent directly to you, real-time advice on your readings, and one-on-one coaching and support. Those who have been diagnosed with hypertension (high blood pressure) may enroll in this program at no added cost with a WHA health plan.
- Nutritional counseling is now offered by WHA, one of the first health
 plans in our area to offer support for weight management issues.
 Whether dealing with issues of obesity, eating disorders, or needed
 weight gain, you simply talk to your doctor to get a referral to a
 nutritionist for visits. You'll have the same costs that you would have
 for a primary care office visit.
- Kaia Health for back, neck, and knee pain is an innovative digital physical therapy app and coaching program. This is ideal for those who can't always get to an in-person therapy or travel to appointments, which often get in the way of getting the care you need. Kaia's computer vision technology features real-time automated exercise feedback, function assessment, and gamified warm-ups for virtual therapy that is accessible anytime or anywhere.
- MyWHA Wellness programs offer ways to keep fit, eat healthy and save money too. Starting with health club discounts, instructor-led classes like WHA's own CommunityFIT sessions, which are still virtual but hopefully, look for in-person classes coming soon. And finally, ChooseHealthy™, where you get discounts from 10 to 50% off health-related national brand products like Fitbit or SKECHERS, all designed to encourage and support you in your wellness journey.











