

member identification card enclosed

PERSONAL BENEFITS KIT



Offering quick, easy access to helpful tools and information
[LEARN HOW TO MAKE THE MOST OF YOUR HEALTH PLAN >](#)



mywha.org/personalaccess

advantage > you

HOW TO GET STARTED



Welcome to Western Health Advantage. This Personal Benefits Kit is designed to help you get the most out of your health coverage with Western Health.

We look forward to delivering the quality of service you and your family deserve. Please don't hesitate to contact WHA's Member Services Department if there is anything we can do to make your membership with WHA more valuable.



Western Health Advantage
MEMBER ID# 00099999999

NAME: JANE E DOE
PCP: JOHNNY J ROCKET
PCP PHONE: 916-999-9999
MED GROUP: HILL PHYSICIANS
EFF DATE: 07/01/2013 **PCP VISIT:** \$ 40
GROUP: 107122 **URGENT:** \$ 50
PLAN: P40A MHP **ER:** \$ 100
RX #: WHA3333

Important: If you have other medical coverage in addition to WHA, contact us immediately with that policy information.

This Personal Benefits Kit Includes:

1 MEMBER ID CARD >

Present the personalized card below to your providers to receive health care services. Please verify that the spelling of your name and the assignment of your PCP is correct. This kit also includes cards for your dependents, if applicable.

2 PERSONAL ACCESS >

Access your personal benefit information online—24 hours a day, 7 days a week.

3 GETTING CARE >

Learn how to obtain health care services such as primary care, specialist care, behavioral health services, nurse advice line, urgent and emergency care, and much more.

4 BENEFITS AT A GLANCE >

View a summary of your health care benefits and what you can expect to pay to receive services.

5 PROVIDER NETWORK >

Reference this listing of our medical groups, medical centers and hospitals.

6 VALUE-ADDED BENEFITS >

Take advantage of the additional services and benefits available to you as a member of Western Health Advantage.

assist america[®]
GLOBAL EMERGENCY SERVICES

Reference number: 01-AA-WHA-02083

Name:

If you require medical assistance and are more than 100 miles from your permanent residence, or in another country, contact Assist America's Operations Center:

Call: within USA 1-800-872-1414
outside USA + 1-609-986-1234
Email: medservices@assistamerica.com

Attention: This card is not a medical insurance card. All services must be provided by Assist America. No claims for reimbursement will be accepted. The holder of this card is a member of Assist America and is entitled to its medical and personal services.

MEMBER ID CARDS

WHA provides assistance to Members whose primary language is not English. Qualified interpreters are available at no cost to help you talk with WHA or your doctor's office. To get help in your language, please call the Member Services Department at 916.563.2250 or 888.563.2250.

WHA ofrece asistencia a los miembros que no hablan inglés como lengua materna. Hay intérpretes calificados a su disposición, de forma gratuita, para ayudarle a comunicarse con WHA o con el consultorio de su médico. Para recibir ayuda en su idioma, llame por favor al Departamento de Servicios para Miembros, al 916.563.2250 o al 888.563.2250.

План WHA оказывает содействие участникам, для которых английский язык не является родным. При звонке в WHA или кабинет вашего врача вы можете воспользоваться бесплатными услугами квалифицированных переводчиков. Для получения информации на вашем родном языке обращайтесь в Отдел обслуживания участников (Member Services Department) по телефону 916.563.2250 или 888.563.2250.

WHA向主要語言不是英語的會員提供協助。免費提供合格的翻譯，幫助您與WHA或您的醫生辦公室進行交流。要獲得以您的語言提供的幫助，請聯繫會員服務部，電話：916.563.2250或888.563.2250。

WHA向主要语言不是英语的会员提供协助。免费提供合格的翻译，帮助您与WHA或您的医生办公室进行交流。要获得以您的语言提供的帮助，请联系会员服务部，电话：916.563.2250或888.563.2250。



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PERSONAL ACCESS

Through Western Health Advantage's secure, member-only website, you will find a wealth of resources to help you make the most of your health plan.

Register Now For Online Personal Access

It's easy! All it takes is some basic information from you along with your WHA member ID number. Simply visit mywha.org/personalaccess, click "Register Now" and follow the prompts. Once you've registered, you can access your personal benefit information online—24 hours a day, 7 days a week.

Getting to know your plan: Once logged in, you can use Personal Access to view your plan's copayment summary(ies), which describes your coverage benefits, as well as your Combined Evidence of Coverage and Disclosure Form (EOC/DF) booklet, where you will find details on your health plan.

Discover your health benefits: Take advantage of these online tools:

- Review your enrollment and benefit information.
- View your preferred drug list (PDL), if applicable.
- Search for providers in our network and obtain information like board certifications, languages spoken, medical group affiliations and more.
- Change your primary care physician (PCP).
- Change your mailing address.
- Order/Print ID cards or other printed materials.
- Sign up for WHA member e-newsletters.

Keep us up-to-date: To provide you the best possible health coverage and customer service, we need current contact information from you.

- If you've moved and haven't notified us, take a moment to call Member Services and provide us with your new physical address.
- If any of your other contact information has changed, you can update that through Personal Access online or with Member Services.



Access WHA From Your Smart Phone

Available from the iTunes App Store or Android Market Place, the WHA Mobile app allows you to:

- Reach your primary care physician (PCP) and get a map to his or her office.
- Look up details about your plan, such as your copayments or your pharmacy plan, if applicable.
- Access WHA's Member Services Department and Nurse24SM, a 24-hour nurse hotline service available to WHA members.
- Download an electronic copy of your ID cards.

Password Security: WHA is committed to protecting the privacy of your Protected Health Information (PHI). As such, we take precautionary measures in every aspect of your plan administration to ensure that we are handling your PHI with care and discretion. Keeping a written record of your usernames and passwords is optional in this booklet. We strongly urge you to keep it in a safe place, as these passwords allow access to your PHI. Please note that by writing your username and passwords, you are accepting responsibility for their safekeeping. WHA cannot be held responsible in the event of their misuse as a result of this kit's misplacement or unintended access.

GETTING CARE



WHA Member Services Department

call: 916.563.2250 | 888.563.2250
888.877.5378 tdd/tty

email: memberservices@westernhealth.com

visit: mywha.org/personalaccess

username: _____
 DEFAULTS TO MEMBER ID #

password: _____

Your Primary Care Physician (PCP)

Your PCP's name and contact information is listed on your member ID card. Because your PCP will either care for you directly or coordinate your care with specialists and other providers, this relationship will be critical to your satisfaction with your health care.

What if I want to change my PCP?

You may choose any PCP within the WHA network, as long as the PCP is accepting new patients. To change your PCP, simply call Member Services or visit mywha.org/personalaccess. PCP changes are effective the first of the following month and a new ID card will be sent to you. For the most up-to-date listing of providers visit mywha.org/directory for our online Provider Directory.

What happens if I need to see a specialist?

You can self-refer within the network for your annual eye exam and OB/GYN visits. Your PCP will refer you when you require services from any other specialist. While your PCP will typically refer you within his or her affiliated medical group, you are not limited to only those specialists.

WHA's **Advantage Referral** program allows you to see any of the participating specialists, regardless of their medical group affiliation. Refer to the Provider Directory or call WHA Member Services to ensure the specialist participates in the Advantage Referral program.

Nurse24SM Advice Services

administered by Alere®

call: 877.793.3655

chat online: mywha.org/healthsupport

username: _____

password: _____

What if I need medical advice?

In addition to receiving standard advice for medical issues, Nurse24SM provides access to highly-trained registered nurses who are ready to answer your specific questions on general health and wellness, 24 hours a day, including direct referrals to disease management nurses. Of course, you can always call your PCP's office if you are unsure if your situation needs immediate attention.

Behavioral Health Services

administered by Magellan/HAI-CA

call: 800.424.1565

visit: magellanassist.com

username: _____

password: _____

How do I access behavioral health services?

Your mental health and substance abuse benefits are provided through Magellan Behavioral Health. You do not need a PCP referral to obtain these services.

What should I do if I have an urgent or emergency situation?

An urgent care situation is one in which you need medical services within a short time frame. If an urgent care situation arises while in WHA's service area:

Call your doctor. Your PCP will tell you how to get appropriate care. You can call your PCP any time of day, including evenings and weekends. In the event you are not able to reach your PCP, you may go to an urgent care facility affiliated with your medical group.

Chat with a nurse. Nurse24SM, WHA's Nurse Advice Line is available 24-7-365 from Alere[®]—see opposite page for direct phone line and website to chat online.

IN THE EVENT OF AN EMERGENCY, CALL 911

immediately or go directly to the nearest hospital emergency room regardless if you're in or outside the WHA service area. Generally, an emergency situation is one in which your symptoms are of such severity that a reasonable person could expect that without immediate medical attention, your health would be in serious jeopardy. Let your PCP know immediately of your urgent or emergency situation. Your PCP is responsible for coordinating all follow-up care with appropriate network providers, including specialists. If you return to the emergency room or a non-network provider for follow-up care (for example, removal of stitches or redressing a wound), you will be responsible for the cost of the service.

WHA covers you for Urgent Care and Emergency Care services wherever you are in the world. If you're outside the WHA service area, we will reimburse you or the provider for covered services received for urgent or emergency situations, less the applicable copayment. For more visit mywha.org/memberFAQ or call Member Services.

How do I obtain case management services?

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

Disease Management Services

administered by Alere[®]

call: 877.793.3655

visit: mywha.org/healthsupport

username: _____

password: _____

Access to Disease Management Programs

If you are living with chronic conditions, WHA offers Disease Management (DM) programs—also at no cost—to assist you with identifying strategies to optimize your health and reach personal health goals. To learn about WHA's current DM programs, visit mywha.org/dm or contact WHA Member Services. DM services are available for the following conditions:

- Coronary Artery Disease (18-64+ years old)
- Diabetes (18-64+ years old)
- Asthma (5-56 years old)

MANAGING YOUR PLAN

Refer to the copayment summary(ies)* included in this kit for the copayment amounts you will be required to pay your provider at the time of services.

Your plan has an annual **out-of-pocket maximum** (OOP) for covered services, as identified on your copayment summary(ies). Most copayments paid for covered services during the calendar year will contribute to the OOP, so you need to keep your receipts.

When you believe you have met your OOP, call Member Services to find out how to submit your receipts to WHA for verification. You'll then be sent a document that shows that you do not have to pay any additional copayments for these services through the end of the calendar year.

If you are enrolled in an HSA-compatible plan, refer to "Managing an HSA-Compatible Plan" later in this kit.

If you receive an unexpected bill or need to submit a claim, contact Member Services for assistance.

*Please consult your EOC/DF for full details of your financial responsibilities. Available to download at mywha.org/personalaccess.

PROVIDER NETWORK



Provider Medical Groups

Hill Physicians Medical Group

800.445.5747
hillphysicians.com

Mercy Medical Group

916.733.3333
mymercymedicalgroup.org

Meritage Medical Network

415.884.1840
marinipa.com

NorthBay Healthcare Center for Primary Care

707.624.7500 Vacaville
707.624.8500 Fairfield
707.646.3500 Green Valley
northbay.org

UC Davis Medical Group

800.282.3284
ucdmc.ucdavis.edu

Woodland Clinic Medical Group

530.668.2600
woodlandhealthcare.org

For complete provider list
visit mywha.org/directory.

Provider Medical Centers and Hospitals

Healdsburg District Hospital

Healdsburg | 707.431.6500; healdsburgdistricthospital.org

Marin General Hospital

Greenbrae | 415.925.7000; maringeneral.org

Mercy General Hospital*

Sacramento | 916.453.4545; mercygeneral.org

Mercy Hospital of Folsom*

Folsom | 916.983.7400; mercyfolsom.org

Mercy San Juan Medical Center*

Carmichael | 916.537.5000; mercysanjuan.org

Methodist Hospital of Sacramento*

Sacramento | 916.423.3000; methodistsacramento.org

NorthBay Medical Center

Fairfield | 707.646.5000; northbay.org

NorthBay VacaValley Hospital

Vacaville | 707.624.7000; northbay.org

Palm Drive Hospital

Sebastopol | 707.823.8511; palmdrivehospital.org

Petaluma Valley Hospital**

Petaluma | 707.778.1111; stjosephhealth.org

Queen of the Valley Medical Center**

Napa | 707.252.4411; thequeen.org

Santa Rosa Memorial Hospital**

Santa Rosa | 707.546.3210; stjosephhealth.org

Sonoma Valley Hospital

Sonoma | 707.935.5000; svh.com

UC Davis Medical Center

Sacramento | 916.734.2011; ucdmc.ucdavis.edu

Woodland Memorial Hospital*

Woodland | 530.662.3961; woodlandhealthcare.com

A Dignity Health Member* | A St. Joseph Health Member**

PREMIER 40A MHP

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.

cost to member DEDUCTIBLE

none Deductible amount

cost to member ANNUAL OUT-OF-POCKET MAXIMUM

The maximum out-of-pocket expense for a Member per calendar year is limited to either the Individual amount or Family amount, whichever is met first:

\$1,500 Individual

\$3,000 Family

All copayments listed on this Copayment Summary not marked with a * apply to the out-of-pocket maximum.

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

none Annual physical examinations and well baby care

none Immunizations, adult and pediatric

none Women's preventive services

none Routine prenatal care and lab tests, and first post-natal visit

none Breast, cervical, prostate, colorectal and other generally accepted cancer screenings

Note: Procedures resulting from screenings are not considered preventive care. In order for a service to be considered "preventive," the service must have been provided or ordered by your PCP or OB/GYN, and the primary purpose of the visit must have been to obtain the preventive service. Otherwise, you will be responsible for the cost of the office visit as described in this copayment summary.

cost to member PROFESSIONAL SERVICES

\$40 per visit Office visits, primary care physician (PCP)

\$40 per visit Office visits, specialist

\$40 per visit Vision and hearing examinations

\$40 per visit Family planning services

cost to member OUTPATIENT SERVICES

Outpatient surgery

\$40 per visit • Performed in office setting

\$100 per visit • Performed in facility — facility fees

none • Performed in facility — professional services

none Infusion and radiation therapy

none Laboratory, X-ray, electrocardiograms and all other tests

\$5 per visit Therapeutic injections, including allergy shots

cost to member HOSPITALIZATION SERVICES

none 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:

• Physicians' services, including surgeons, anesthesiologists and consultants

• Private-duty nurse when prescribed by a participating physician

cost to member URGENT AND EMERGENCY SERVICES

- Outpatient care to treat an injury or the sudden onset of an acute illness within or outside the WHA Service Area
- \$40 per visit • Physician's office
 - \$50 per visit • Urgent care center
 - \$100 per visit • Hospital emergency room (waived if admitted)
 - none • Ambulance service as medically necessary or in a life-threatening emergency (including 911)

PRESCRIPTION COVERAGE

Outpatient prescription medications are excluded, unless the Employer has selected an optional prescription rider plan (see your Prescription Copayment Summary, if applicable).

cost to member DURABLE MEDICAL EQUIPMENT (DME)

- none 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
- none Orthotics and prosthetics when determined by a participating physician to be medically necessary and when authorized in advance by WHA

cost to member BEHAVIORAL HEALTH SERVICES

- Mental Health Disorders
- \$40 per visit Outpatient services
 - none Inpatient hospital services — provided at a participating acute care facility
 - none Inpatient hospital services — provided at residential treatment center or partial hospitalization
- Mental health disorders means disturbances or disorders of mental, emotional or behavioral functioning, including Severe Mental Illness and Serious Emotional Disturbance of Children (SED).
- Substance Abuse
- \$40 per visit Outpatient services
 - none Inpatient hospital services, including detoxification — provided at a participating acute care facility
 - none Inpatient hospital services, including detoxification — provided at residential treatment center or partial hospitalization

cost to member 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
- \$40 per visit Habilitation services
- \$40 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 rehabilitation and pulmonary rehabilitation, when authorized in advance by WHA and determined to be medically necessary and to lead to continued improvement
- none Inpatient rehabilitation
- 20% copay* Home self injectables, up to \$100 maximum copay per 30-day supply (self injectable specialty medications that cost over \$500 for a 30-day supply are limited to a 30-day supply; insulin is covered under the prescription benefit)

Chiropractic and acupuncture benefits are provided through Landmark Healthplan of California, Inc., a California Knox Keene licensed plan (see additional benefit information).*

* Copayments do not contribute to the out-of-pocket maximum (unless required for the management or treatment of diabetes or pediatric asthma supplies and equipment). Percentage copayment amounts are based on WHA's contracted rate.

INFERTILITY BENEFIT

COPAYMENT SUMMARY

INFERTILITY SERVICES

Covered Infertility services generally include consultations, examinations, and diagnostic services whether performed in a physician's office or in a hospital or other facility. All covered Infertility services, including the diagnostic work-up and testing to establish a cause of "Infertility," require a 50% copayment, which is based on WHA's contracted charges. All covered Infertility services must receive prior authorization and are subject to the exclusions and limitations set forth in this Copayment Summary.

"Infertility" is defined as a condition of being pre-menopausal with either: (1) the presence of a condition recognized by the physician as a cause of infertility, or (2) the inability to conceive a pregnancy or to carry a pregnancy to a live birth after one year or more of regular sexual relations without contraception.

COVERED SERVICES — 50% COPAYMENT*

- Services and supplies for diagnosis and treatment of involuntary infertility
- Artificial insemination (except for donor semen or eggs, and services and supplies related to their procurement and storage), subject to a maximum of one treatment period of up to three (3) cycles per Lifetime+
- One Gamete Intra-Fallopian Transfer (GIFT) or In Vitro Fertilization per Lifetime+
- Self injectibles for the treatment of infertility

Genetic testing and counseling are covered benefits when medically indicated and are not subject to the Infertility Benefit copayments.

EXCLUSIONS AND LIMITATIONS

In addition to exclusions and limitations described under Covered Services, the following apply:

- The member must be diagnosed with "Infertility" as defined in this Copayment Summary.
- All covered Infertility services must be prior authorized by WHA.
- Services and supplies to reverse voluntary, surgically induced infertility are excluded.
- All services involved in surrogacy, including but not limited to embryo transfers, services and supplies related to donor sperm or sperm preservation for artificial insemination, are excluded.
- Frozen embryo transfers and Zygote Intra-Fallopian Transfer (ZIFT) are excluded.
- Intracytoplasmic Sperm Injection (ICSI) is excluded.
- Ova sticks (a self-test for infertility) are excluded.
- Ovum transfer/transplants or uterine lavage as part of infertility diagnosis or treatment is excluded.
- All services related to the sperm donor, including the collection of the sperm, are excluded.
- Sperm storage is excluded.
- Treatment of infertility as a result of previous/prevaling elective vasectomy or tubal ligation, including, but not limited to, procedure reversal attempts and infertility treatment after reversal attempts, is excluded.
- Artificial insemination in the absence of a diagnosis of Infertility is excluded.
- Treatment of female sterility in which a donor ovum would be necessary (e.g., post-menopausal syndrome) is excluded.
- Experimental and/or investigational diagnostic studies, procedures or drugs used to treat or determine the cause of infertility are excluded.
- Laboratory medical procedures involving the freezing or storing of sperm, ovum and/or pre-embryos are excluded.
- Inoculation of a woman with partner's white cells is excluded (considered experimental).
- Oral medications for the treatment of Infertility are excluded.

* Copayments for covered Infertility services do not contribute to the annual out-of-pocket maximum of your medical plan with Western Health Advantage.

+ "Lifetime" refers to services obtained during the member's life, including services provided under any other health insurance or HMO.

HEARING AID BENEFIT

COPAYMENT SUMMARY

plan will pay **HEARING AID INSTRUMENT AND ANCILLARY EQUIPMENT**

\$1,000 per aid* The maximum amount plan will pay per member every 36 months for both ears for the hearing aid instrument and ancillary equipment

Benefit includes:

- Monaural or binaural including ear mold(s);
- Initial battery, cords and other ancillary equipment;
- Visits for fitting, counseling, adjustments, repairs at no charge for a one-year period following the provision of a covered hearing aid (after the one-year period expires, the member is responsible for all charges).

EXCLUSIONS

The purchases of batteries or other ancillary equipment, except those covered under the terms of the initial hearing aid purchase, and charges for a hearing aid which exceeds specifications prescribed for correction of a hearing loss; replacement parts for hearing aids, repair of hearing aid after the covered one-year warranty period, replacement of hearing aid more than once in any period of 36 months and surgically implanted hearing devices. Cochlear Implants are not considered surgically implanted hearing devices and are covered as a prosthetic under Durable Medical Equipment of the medical plan.

PROVIDERS

Hearing aid benefits can be obtained from one of the following medical groups or Connect Hearing:

UC Davis Medical Group	916.734.5400
Mercy Medical Group	916.733.3312
Woodland Healthcare	530.668.2600
Connect Hearing	800.675.5485

* Member's share of cost for covered hearing aid devices does not contribute to the annual out-of-pocket maximum of your medical plan with Western Health Advantage.

CHIROPRACTIC & ACUPUNCTURE BENEFITS

Complementary Alternative Medicine (CAM) is covered as part of your WHA plan. This benefit allows up to 20 visits per year of both chiropractic care and acupuncture, provided through Landmark Healthplan of California.



WHA CAM Benefits

administered by Landmark Healthcare, Inc.

call: 800.638.4557

visit: lmhealthcare.com

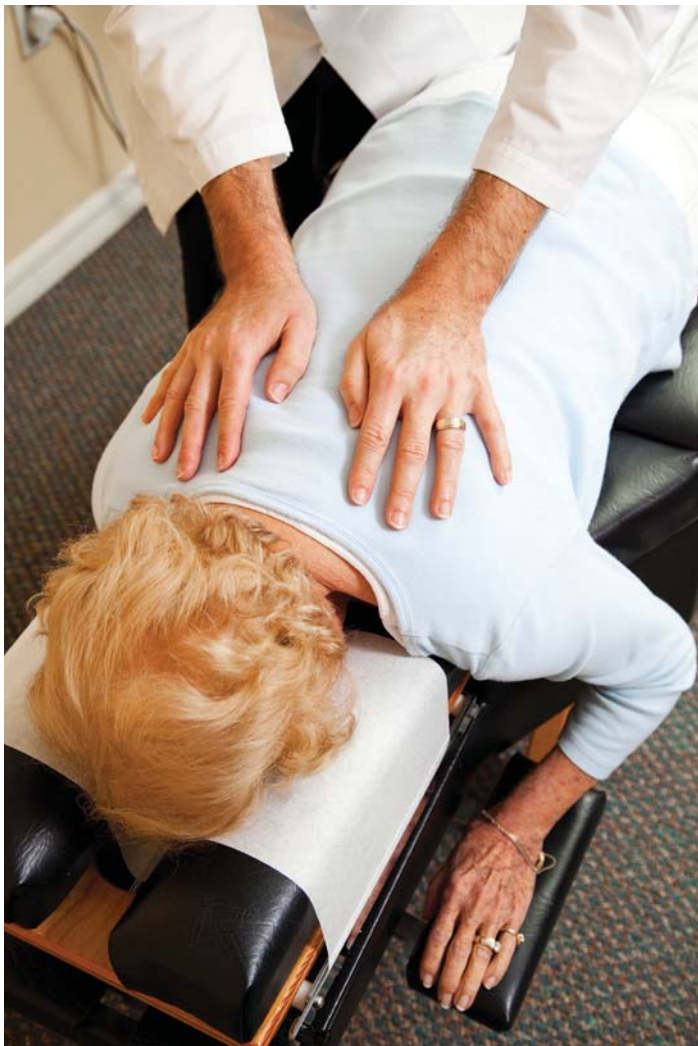
username: _____

password: _____

As part of your WHA medical plan:

- \$15 copayment per visit
- PCP referral is not required to receive covered services
- Up to 20 medically necessary visits—for each acupuncture and chiropractic—per year

Refer to Landmark's Evidence of Coverage for full plan details.



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.

Acupuncture services must be authorized. 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. Chiropractic services must be authorized. Typically covered chiropractic services include:

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

HEALTH & WELLNESS

WHA Online Health and Wellness Benefits administered by Healthyroads™

call: 877.330.2746

visit: mywha.org/healthyroads

username: _____

password: _____

Register online at mywha.org/healthyroads for 24/7 access to wellness tools, such as a personal health assessment, customized meal and exercise plans, health trackers, self-guided online coaching modules and much more.

By taking the personal health assessment you will be able to evaluate your current health status and obtain a starting point for your planning. After completing the assessment you'll receive an immediate, personalized health program.

Note: Healthyroads uses the latest Internet privacy and security technology to ensure that your online interaction remains secure and confidential.



Gym and Fitness Center Discounts

WHA makes the decision to be active a little easier for you through our gym and fitness center discounts. WHA teamed up with several gym and fitness centers to offer great gym discounts to help you keep active and healthy. For the most up-to-date listing of centers visit mywha.org/gyms or contact Member Services. Remember to speak with your health care provider before beginning any exercise program.

Health and Wellness Classes

You have access to many of the health education programs or classes sponsored by our network's medical groups, even those not connected to your PCP's medical group. Let your PCP and/or physician specialist know if you are interested in participating in any of the health education programs or if you are currently enrolled in a program or class.

Visit mywha.org/classes for direct links to WHA provider websites where you can learn about the classes available and find registration information. Unless otherwise noted, most programs or classes are free, and you can join online. You will find classes, programs and/or support in the following areas:

- Diabetes
- Fitness
- Heart & Vascular
- Lung Health
- Nutrition
- Orthopedics
- Parenting
- Pregnancy & Childbirth
- Support Groups

If you need additional assistance in finding a health education program or class, contact the phone number noted with each program description.

For additional details on health and wellness resources visit mywha.org/resources.

TRAVEL BENEFITS

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

A global network of expert medical providers.

Because Assist America is connected to pre-qualified medical providers around the globe, you can travel confidently, knowing you can find the quality care you need no matter where you are.

Medical consultation, evaluation and referral.

The operations center is staffed 24/7 by medically-certified, multilingual personnel who can evaluate, troubleshoot and make immediate recommendations for any emergency situation, including referrals to qualified doctors and hospitals.

Prescription assistance. If you forget or lose a prescription while traveling, Assist America helps replace the medicine.

Hospital admission guarantee. Assist America validates your WHA coverage and advances funds as needed to ensure prompt hospital admission.

Critical care monitoring and case management.

Assist America's medical team stays in regular communication with the attending physician and hospital to monitor appropriate levels of care.

Emergency medical evacuation. If you become ill or injured where appropriate care is not available, Assist America will use whatever transportation, equipment and personnel necessary to evacuate you safely to the nearest facility that meets their high standards.

Emergency message transmission. Assist America will transmit emergency messages reliably between you and your family, friends, employer or anyone else who needs to stay in the information loop, as permitted under medical privacy laws.

Care of minor children. If you become ill or injured when traveling with minor children, Assist America will arrange for your children to return home—with a qualified attendant if necessary—to a family member, or will arrange childcare locally. Assist America will also arrange care of children at home who are left unattended due to your unexpected absence.

Visit mywha.org/travel or call Assist America directly at 800.304.4585 for more information on member travel benefits.

Compassionate visit. Assist America will arrange and pay economy, round-trip transportation costs for a loved one to join you if you are alone and expected to be hospitalized for more than seven days.

Pre-trip information. Prior to traveling, you can review country profiles, visa requirements, immunization regulations, security advisories and more at assistamerica.com.

Legal and interpreter referrals. Assist America can make recommendations for trustworthy legal counsel and interpreter services in any country and arrange bail bonds in jurisdictions where they are legal.

Lost luggage or document assistance. Assist America works with airlines to recover and deliver lost bags, serves as liaison with transportation companies to replace lost travel tickets and contacts necessary agencies to solve issues of lost passports and licenses.



Assist America Mobile app—available for Android and iPhone—provides members with a one-touch connection to the Assist America operations center. Special features include: place an emergency phone call just by tapping a button, view Assist Alerts, locate a U.S. embassy (available for iPhone only), and more.



Western Health Advantage

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