

Western
Health
Advantage



Choosing your health coverage **with Western Health Advantage**



HEALTH BENEFITS OVERVIEW 2024



Western
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Advantage



Natomas
Unified School District
Connecting students to their future

advantage



choose a healthy balance

Open enrollment is the time for selecting your health coverage. As you consider the best health plan for you (and your family), choose one that provides access to quality and affordable care that is designed to keep both your family and budget healthy and happy. Western Health Advantage plans deliver the benefits and coverage you and your family need, with the care and attention you deserve. Consider the health plan that helps you stay healthy, and that's Western Health Advantage.



Check out WHA's plan options for Natomas Unified by reviewing this booklet and visiting choosewha.com/OE.

advantage > you

Natomas Unified School District PLAN COMPARISON

Effective 01.01.22

		PREMIER 0/20/0 HMO PRIME	ADVANTAGE 0/20/500 HMO PRIME
MEDICAL DEDUCTIBLE¹	SELF-ONLY COVERAGE		
	INDIVIDUAL WITH FAMILY	none	none
	FAMILY COVERAGE		
PRESCRIPTION DEDUCTIBLE¹	SELF-ONLY COVERAGE		
	INDIVIDUAL WITH FAMILY	n/a	n/a
	FAMILY COVERAGE		
ANNUAL OUT-OF-POCKET MAXIMUM²	SELF-ONLY COVERAGE	\$1,500	\$2,500
	INDIVIDUAL WITH FAMILY	\$1,500	\$2,500
	FAMILY COVERAGE	\$2,500	\$4,500
PREVENTIVE CARE SERVICES^{3, 4}			

Preventive Care is Covered in Full (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 SERVICES³			
	Office or virtual visits	\$20 per visit	\$20 per visit
	Annual eye and hearing exams ⁵	\$20 per visit	\$20 per visit
	Outpatient surgery (performed in office setting)	\$20 per visit	\$20 per visit
	Outpatient surgery (facility)	\$100 per visit	\$100 per visit
	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	\$500 per day, days 1 to 5
	Hospital inpatient, professional	Covered in Full	Covered in Full
BEHAVIORAL HEALTH SERVICES			
	Mental health and substance abuse office or virtual visits	\$20 per visit	\$20 per visit
	Outpatient mental health and substance abuse services	Covered in Full	Covered in Full
	Inpatient mental health and substance abuse services	Covered in Full	\$500 per day, days 1 to 5
OTHER SERVICES			
	Emergency room (waived if admitted)	\$100 per visit	\$100 per visit
	Urgent care virtual visit/Urgent care center	\$25/\$35 per visit	\$25/\$35 per visit
	Ambulance services	Covered in Full	Covered in Full
	Durable medical 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 (30-DAY SUPPLY)		RX 10/30/50	RX 10/40/60
	TIER 1 medication	\$10	\$10
	TIER 2 medication	\$30	\$40
	TIER 3 medication	\$50	\$60
OTHER PRESCRIPTION COVERAGE			
	Home self-injectable medication (30-day supply)	20%, up to \$100/month ⁸	20%, up to \$100/month ⁸

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. A copy may be requested by calling 888.499.3198 or via email at whasales@westernhealth.com.

notes

- ¹ 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.
- ⁷ 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.

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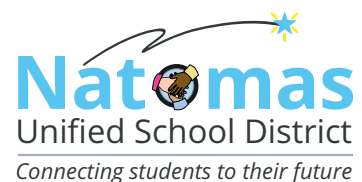


TWO PLANS TO CHOOSE FROM

Traditional Plans

- **Premier 0/20/0 HMO PRIME**
 - Hospitalization covered in full
 - \$20 copay for office visits, including virtual visits with your doctor
 - Labs, x-rays, imaging covered in full
 - Fixed copays for prescription drugs
 - No annual deductible to meet
- **Advantage 0/20/500 HMO PRIME**
 - \$20 copay for office visits, including virtual visits with your doctor
 - Labs, x-rays, imaging covered in full
 - Fixed copays for prescription drugs
 - No annual deductible to meet

Plan benefit details are available from Natomas Unified by reviewing this booklet and visiting choosewha.com/OE.



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.

Access to thousands of doctors across multiple medical groups in our broad network.

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

AVAILABLE 10.01.21

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

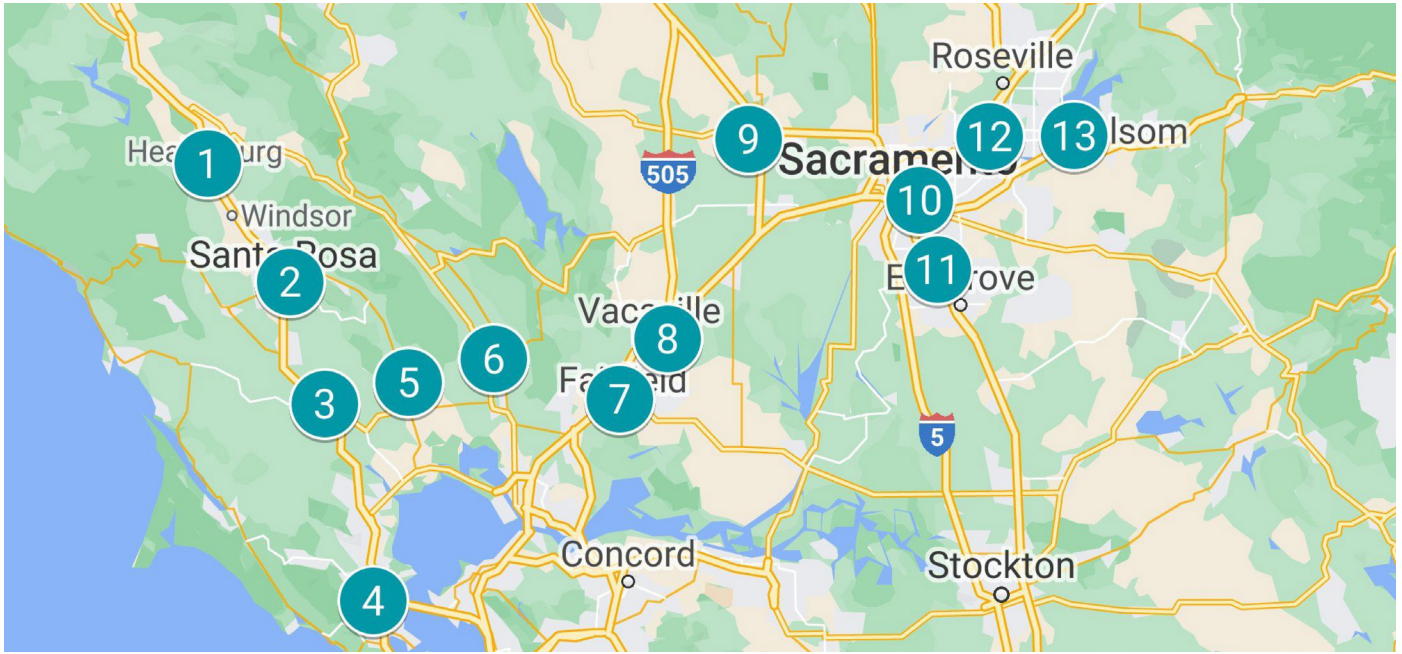


NorthBay Healthcare
707.646.5500
northbay.org



Providence Medical Network
(formerly St. Joseph Health)
888.432.5464
providence.org

our facilities



^ North Bay Area Facilities

1. Healdsburg District Hospital
Healdsburg, CA 95448
2. 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
6. Providence Queen of the Valley Medical Center
Napa, CA 94558

^ Solano County Facilities

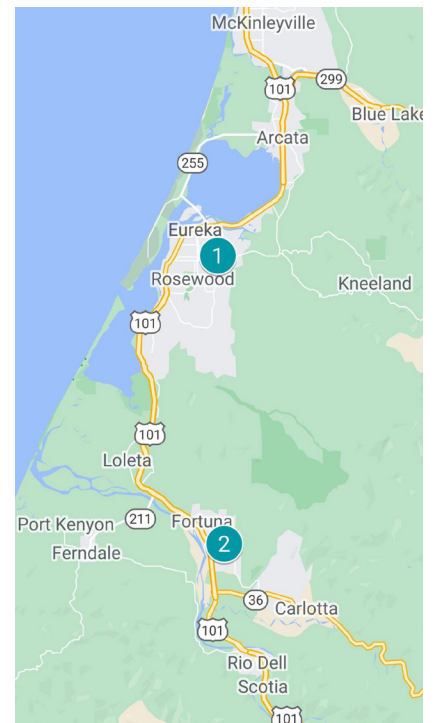
7. NorthBay Medical Center
Fairfield, CA 94533
8. NorthBay VacaValley Hospital
Vacaville, CA 95687

^ Sacramento Area Facilities

9. 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 >

1. 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 offers 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

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 card; 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).



WHA's provider network is offering new and innovative alternatives to the traditional in-person office visit.

Contact your doctor's office to learn more about new ways to receive care and advice from your physician. 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, Teladoc® can connect you with a doctor through your smartphone to get a diagnosis on minor injuries, strains, sprains, rashes, or cold and flu symptoms. Visit mywha.org/Teladoc to get started.

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

LEARN MORE ABOUT MYWHA | Visit mywha.org or call **888.563.2250** for assistance



MENTAL HEALTH



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

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

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.

*Refer to your plan's copayment summary

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.

LEARN MORE ABOUT BEHAVIORAL HEALTH | Visit mywha.org/BH or call **888.563.2250** for assistance



PRESCRIPTION BENEFITS

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

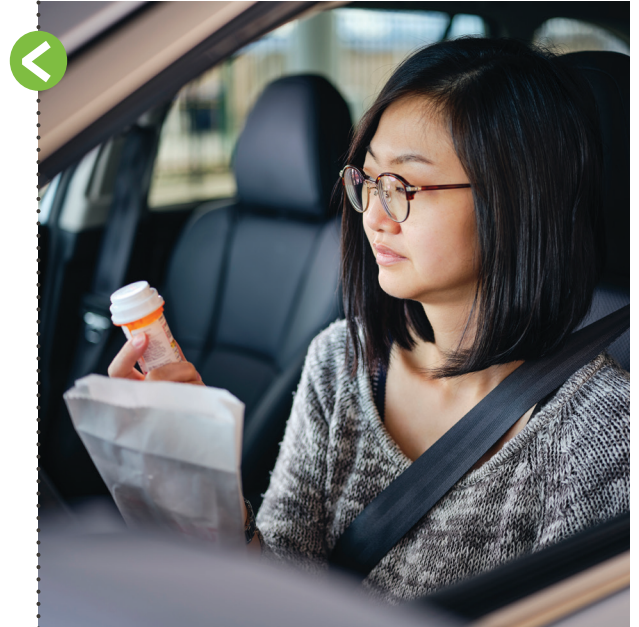
- You can fill most prescription medications at any retail pharmacy. Get the most savings by going to one of thousands of network retail pharmacies, which include large national chains and many local pharmacies. Some locations may have drive-thru options.
- For medications you take regularly, save time 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.

LEARN MORE ABOUT PRESCRIPTION BENEFITS | Visit mywha.org/RX or call **888.563.2250** for assistance



ALTERNATIVE MEDICINE

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

LEARN MORE ABOUT YOUR CAM BENEFITS | Visit mywha.org/CAM or call **888.563.2250** for assistance



ASSIST AMERICA



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.

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.

LEARN MORE ABOUT ASSIST AMERICA | Visit mywha.org/travel or call **888.563.2250** for assistance



MyWHA 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 those goals. 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 a nurse advice line staffed with California licensed registered nurses. With Nurse24, you can speak directly with a nurse by calling our dedicated phone number or even chat online. Nurse24 also has interpreters available upon request. Registered nurses are available to answer any of your health questions, including direct referrals to disease management nurses.

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.

NEW innovative program for members with type 2 diabetes

- > virtahealth.com/wha WHA partners with Virta Health to offer a clinically proven treatment to reverse type 2 diabetes through nutritional ketosis without calorie-counting, surgery, or medication. Virta's telehealth program helps patients lower A1c, reduce or eliminate diabetes medications, and lose weight.

Gym and fitness center discounts

- > mywha.org/discounts WHA makes the decision to be active a little easier through gym and fitness center discounts. Our partnership with 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 member ID card when applicable.

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, even those not connected to your primary care physician's medical group. You will find many classes, programs and/or support groups in these areas: diabetes, fitness, heart and vascular, lung health, nutrition, orthopedics, parenting, pregnancy and childbirth as well as smoking cessation. Unless otherwise noted, most health programs or classes are free.

Preventive care resources

- > mywha.org/guidelines Preventive health guidelines are designed to help you 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.

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. Good health decisions take into account the benefits, risks and costs of each option along with your own needs and wants.

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.

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 անվճար օգնություն և տեղեկություններ ստանալու Ձեր նախընտրած լեզվով: Թարգմանչի հետ խոսելու համար զանգահարե՛ք 888.563.2250 համարով կամ TTY 888.877.5378՝ լսողության հետ խնդիրներ ունեցողների համար:

PERSIAN-FARSI

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

RUSSIAN

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

JAPANESE

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

ARABIC

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

PUNJABI

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

CAMBODIAN-MON-KHMER

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

HMONG

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

HINDI

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

THAI

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

Western Health Advantage



We're here for you.

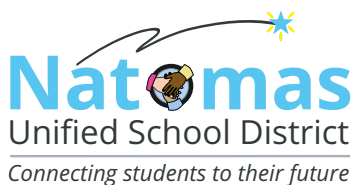
It goes without saying that a health plan should be there when you need it. At Western Health Advantage, we trust doctors to decide the best health care path for patients. We don't second guess or get in the way of the decisions you make with your doctor, as traditional health insurance companies can do. For us, it's personal—so we try to go beyond being there when you are sick, to being there to help you stay healthy. We support whole-person health, access to wellness classes, mental health resources and much more. It's just another way we balance an affordable health plan with quality health care.



advantage > you

Contact your Benefits Department
or Western Health Advantage direct

Call 916.563.3198 or 888.499.3198
888.877.5378 [TDD/TTY]



choosewha.com/OE



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a **summary**. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-888-563-2250 or visit mywha.org. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-800-318-2596 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible ?	Yes	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$1,500/Individual or \$2,500/Family per calendar year	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Member cost shares for infertility, adult vision exams, annual hearing exams, chiropractic care and premiums and health care the plan doesn't cover	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See mywha.org/directory or call 1-888-563-2250 for a list of network providers.	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	Yes	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20/visit	Not covered	None
	Specialist visit	\$20/visit	Not covered	Preauthorization may be required. Failure to obtain preauthorization may result in non-payment of services
	Preventive care/screening/immunization	No charge	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge	Not covered	For diagnostic tests , preauthorization may be required. Failure to obtain preauthorization may result in non-payment of services For imaging, preauthorization required. Failure to obtain preauthorization may result in non-payment of services
	Imaging (CT/PET scans, MRIs)	No charge	Not covered	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at mywha.org/pharmacy	Tier 1 (Preferred generic and certain preferred brand name medications)	Retail: \$10/prescription; Mail order: \$25/prescription	Not covered	At Retail pharmacies, a 30-day supply is allowed; up to a 90-day supply is allowed through Mail Order. Preauthorization required for specialty medications, which are limited to a 30-day supply and must be obtained through WHA's specialty pharmacy network as described in the EOC/DF. Failure to obtain preauthorization may result in non-payment of services
	Tier 2 (Preferred brand name or non-preferred generic medications)	Retail: \$30/prescription; Mail order: \$75/prescription	Not covered	
	Tier 3 (Non-preferred medications)	Retail: \$50/prescription; Mail order: \$125/prescription	Not covered	
	Self-injectable specialty drugs	20% coinsurance up to \$100/prescription	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$100/visit	Not covered	Preauthorization required. Failure to obtain preauthorization may result in non-payment of services
	Physician/surgeon fees	No charge	Not covered	Preauthorization required. Failure to obtain preauthorization may result in non-payment of services

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	Emergency room care	\$100/visit (facility); No charge (professional)	\$100/visit (facility); No charge (professional)	Member cost shares for emergency room care are waived if admitted. At urgent care centers, services from an out-of-network provider are covered only when obtained outside the service area. Preauthorization may be required. Failure to obtain preauthorization may result in non-payment of services
	Emergency medical transportation	No charge	No charge	
	Urgent Care Center	\$35/visit	\$35/visit	
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	Not covered	Preauthorization may be required. Failure to obtain preauthorization may result in non-payment of services
	Physician/surgeon fees	No charge	Not covered	Preauthorization may be required. Failure to obtain preauthorization may result in non-payment of services
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$20/visit (professional); No charge (other outpatient services)	Not covered	Preauthorization required for outpatient mental health and residential treatment center. Preauthorization may be required for inpatient mental health. Failure to obtain preauthorization may result in non-payment of services.
	Inpatient services	No charge	Not covered	
If you are pregnant	Office visits	No charge	Not covered	Cost sharing does not apply for preventive services , including routine prenatal care and first postnatal visit. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). Depending on the type of services, a copayment or coinsurance may apply. Preauthorization may be required for inpatient services. Failure to obtain preauthorization may result in non-payment of services
	Childbirth/delivery professional services	No charge	Not covered	
	Childbirth/delivery facility services	No charge	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	No charge	Not covered	100 visits per calendar year. Preauthorization required. Failure to obtain preauthorization may result in non-payment of services
	Rehabilitation services	\$20/visit	Not covered	Preauthorization required. Failure to obtain preauthorization may result in non-payment of services
	Habilitation services	\$20/visit	Not covered	Preauthorization required. Failure to obtain preauthorization may result in non-payment of services
	Skilled nursing care	No charge	Not covered	100 days per calendar year. Preauthorization required. Failure to obtain preauthorization may result in non-payment of services
	Durable medical equipment	20% coinsurance	Not covered	Preauthorization may be required. Failure to obtain preauthorization may result in non-payment of services
	Hospice services	No charge	Not covered	Preauthorization required. Failure to obtain preauthorization may result in non-payment of services
If your child needs dental or eye care	Children's eye exam	\$20/visit	Not covered	One comprehensive eye exam per year (including dilation if medically indicated).
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- | | | |
|--|--|--|
| • Cosmetic Surgery | • Long-Term Care | • Routine Foot Care |
| • Dental Care Adult | • Non-emergency care when traveling outside the U.S. | • Weight Loss Programs (unless purchased as a rider) |
| • Hearing Aids (unless purchased as a rider) | • Private-Duty Nursing | |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- | | | |
|---------------------|---------------------|--------------------------|
| • Abortion Services | • Bariatric Surgery | • Infertility Treatment |
| • Acupuncture | • Chiropractic Care | • Routine Eye Care Adult |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Managed Health Care California Help Center, 980 9th Street Suite #500, Sacramento, CA 95814-4275 at 1-888-466-2219 or www.dmhca.ca.gov, or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help you if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). Additionally, a consumer assistance program can help you file your [appeal](#). For more information about your rights, this notice, or assistance, contact the California Department of Managed Health Care at 1-888-446-2219 or 1-888-877-5378 (TTY) or visit their website www.dmhca.ca.gov.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standard](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

See addendum for notification of nondiscrimination and language assistance.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ The Plan's overall Deductible	\$0	■ The Plan's overall Deductible	\$0	■ The Plan's overall Deductible	\$0
■ Specialist Copayment	\$20	■ Specialist Copayment	\$20	■ Specialist Copayment	\$20
■ Hospital (facility) Copayment	\$0	■ Hospital (facility) Copayment	\$0	■ Hospital (facility) Copayment	\$0
■ Other Copayment	\$20	■ Other Copayment	\$20	■ Other Copayment	\$20
<p>This EXAMPLE event includes services like: Specialist office visits (<i>prenatal care</i>) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (<i>ultrasounds and blood work</i>) Specialist visit (<i>anesthesia</i>)</p>		<p>This EXAMPLE event includes services like: Primary care physician office visits (<i>including disease education</i>) Diagnostic tests (<i>blood work</i>) Prescription drugs Durable medical equipment (<i>glucose meter</i>)</p>		<p>This EXAMPLE event includes services like: Emergency room care (<i>including medical supplies</i>) Diagnostic test (<i>x-ray</i>) Durable medical equipment (<i>crutches</i>) Rehabilitation services (<i>physical therapy</i>)</p>	
Total Example Cost	\$12,700	Total Example Cost	\$5,600	Total Example Cost	\$2,800
In this example, Peg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
<i>Cost Sharing</i>		<i>Cost Sharing</i>		<i>Cost Sharing</i>	
Deductibles	\$0	Deductibles	\$0	Deductibles	\$0
Copayments	\$10	Copayments	\$1,200	Copayments	\$200
Coinsurance	\$0	Coinsurance	\$10	Coinsurance	\$0
<i>What isn't covered</i>		<i>What isn't covered</i>		<i>What isn't covered</i>	
Limits or exclusions	\$20	Limits or exclusions	\$0	Limits or exclusions	\$0
The total Peg would pay is	\$30	The total Joe would pay is	\$1,210	The total Mia would pay is	\$200

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

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 անվճար օգնություն և տեղեկություններ ստանալու Ձեր նախընտրած լեզվով: Թարգմանչի հետ խոսելու համար զանգահարե՛ք 888.563.2250 համարով կամ TTY 888.877.5378՝ լսողության հետ խնդիրներ ունեցողների համար:

PERSIAN-FARSI

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

RUSSIAN

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

JAPANESE

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

ARABIC

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

PUNJABI

ਜੇਕਰ ਤੁਸੀਂ, ਜਾਂ ਜਿਸ ਕਿਸੇ ਦੀ ਤੁਸੀਂ ਮਦਦ ਕਰ ਰਹੇ ਹੋ, ਦੇ Western Health Advantage ਬਾਰੇ ਸਵਾਲ ਹਨ ਤਾਂ, ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਹਾਸਲ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਦੁਆਰਾ ਠਾਲ 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 សម្រាប់អ្នកត្រចៀកឆ្លុន តាមលេខ 888.877.5378។

HMONG


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

HINDI

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

THAI

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

 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a **summary**. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-888-563-2250 or visit mywha.org. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-800-318-2596 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible ?	Yes	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$2,500/Individual or \$4,500/Family per calendar year	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Member cost shares for infertility, adult vision exams, annual hearing exams, chiropractic care and premiums and health care the plan doesn't cover	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See mywha.org/directory or call 1-888-563-2250 for a list of network providers.	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	Yes	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20/visit	Not covered	None
	Specialist visit	\$20/visit	Not covered	Preauthorization may be required. Failure to obtain preauthorization may result in non-payment of services
	Preventive care/screening/immunization	No charge	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge	Not covered	For diagnostic tests , preauthorization may be required. Failure to obtain preauthorization may result in non-payment of services For imaging, preauthorization required. Failure to obtain preauthorization may result in non-payment of services
	Imaging (CT/PET scans, MRIs)	No charge	Not covered	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at mywha.org/pharmacy	Tier 1 (Preferred generic and certain preferred brand name medications)	Retail: \$10/prescription; Mail order: \$25/prescription	Not covered	At Retail pharmacies, a 30-day supply is allowed; up to a 90-day supply is allowed through Mail Order. Preauthorization required for specialty medications, which are limited to a 30-day supply and must be obtained through WHA's specialty pharmacy network as described in the EOC/DF. Failure to obtain preauthorization may result in non-payment of services
	Tier 2 (Preferred brand name or non-preferred generic medications)	Retail: \$40/prescription; Mail order: \$100/prescription	Not covered	
	Tier 3 (Non-preferred medications)	Retail: \$60/prescription; Mail order: \$150/prescription	Not covered	
	Self-injectable specialty drugs	20% coinsurance up to \$100/prescription	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$100/visit	Not covered	Preauthorization required. Failure to obtain preauthorization may result in non-payment of services
	Physician/surgeon fees	No charge	Not covered	Preauthorization required. Failure to obtain preauthorization may result in non-payment of services

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	Emergency room care	\$100/visit (facility); No charge (professional)	\$100/visit (facility); No charge (professional)	Member cost shares for emergency room care are waived if admitted. At urgent care centers, services from an out-of-network provider are covered only when obtained outside the service area. Preauthorization may be required. Failure to obtain preauthorization may result in non-payment of services
	Emergency medical transportation	No charge	No charge	
	Urgent Care Center	\$35/visit	\$35/visit	
If you have a hospital stay	Facility fee (e.g., hospital room)	\$500/day, days 1-5	Not covered	Preauthorization may be required. Failure to obtain preauthorization may result in non-payment of services
	Physician/surgeon fees	No charge	Not covered	Preauthorization may be required. Failure to obtain preauthorization may result in non-payment of services
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$20/visit (professional); No charge (other outpatient services)	Not covered	Preauthorization required for outpatient mental health and residential treatment center. Preauthorization may be required for inpatient mental health. Failure to obtain preauthorization may result in non-payment of services.
	Inpatient services	\$500/day, days 1-5 (facility) ; \$125/day, days 1-5 (residential treatment center) ; No charge (professional)	Not covered	
If you are pregnant	Office visits	No charge	Not covered	Cost sharing does not apply for preventive services , including routine prenatal care and first postnatal visit. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). Depending on the type of services, a copayment or coinsurance may apply. Preauthorization may be required for inpatient services. Failure to obtain preauthorization may result in non-payment of services
	Childbirth/delivery professional services	No charge	Not covered	
	Childbirth/delivery facility services	\$500/day, days 1-5	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	No charge	Not covered	100 visits per calendar year. Preauthorization required. Failure to obtain preauthorization may result in non-payment of services
	Rehabilitation services	\$20/visit	Not covered	Preauthorization required. Failure to obtain preauthorization may result in non-payment of services
	Habilitation services	\$20/visit	Not covered	Preauthorization required. Failure to obtain preauthorization may result in non-payment of services
	Skilled nursing care	\$500/day, days 1-5	Not covered	100 days per calendar year. Preauthorization required. Failure to obtain preauthorization may result in non-payment of services
	Durable medical equipment	20% coinsurance	Not covered	Preauthorization may be required. Failure to obtain preauthorization may result in non-payment of services
	Hospice services	No charge	Not covered	Preauthorization required. Failure to obtain preauthorization may result in non-payment of services
If your child needs dental or eye care	Children's eye exam	\$20/visit	Not covered	One comprehensive eye exam per year (including dilation if medically indicated).
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- | | | |
|--|--|--|
| • Cosmetic Surgery | • Long-Term Care | • Routine Foot Care |
| • Dental Care Adult | • Non-emergency care when traveling outside the U.S. | • Weight Loss Programs (unless purchased as a rider) |
| • Hearing Aids (unless purchased as a rider) | • Private-Duty Nursing | |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- | | | |
|---------------------|---------------------|--------------------------|
| • Abortion Services | • Bariatric Surgery | • Infertility Treatment |
| • Acupuncture | • Chiropractic Care | • Routine Eye Care Adult |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Managed Health Care California Help Center, 980 9th Street Suite #500, Sacramento, CA 95814-4275 at 1-888-466-2219 or www.dmhca.ca.gov, or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help you if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). Additionally, a consumer assistance program can help you file your [appeal](#). For more information about your rights, this notice, or assistance, contact the California Department of Managed Health Care at 1-888-446-2219 or 1-888-877-5378 (TTY) or visit their website www.dmhca.ca.gov.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standard](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

See addendum for notification of nondiscrimination and language assistance.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ The Plan's overall Deductible	\$0	■ The Plan's overall Deductible	\$0	■ The Plan's overall Deductible	\$0
■ Specialist Copayment	\$20	■ Specialist Copayment	\$20	■ Specialist Copayment	\$20
■ Hospital (facility) Daily Copayment	\$500	■ Hospital (facility) Daily Copayment	\$500	■ Hospital (facility) Daily Copayment	\$500
■ Other Copayment	\$20	■ Other Copayment	\$20	■ Other Copayment	\$20
<p>This EXAMPLE event includes services like: Specialist office visits (<i>prenatal care</i>) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (<i>ultrasounds and blood work</i>) Specialist visit (<i>anesthesia</i>)</p>		<p>This EXAMPLE event includes services like: Primary care physician office visits (<i>including disease education</i>) Diagnostic tests (<i>blood work</i>) Prescription drugs Durable medical equipment (<i>glucose meter</i>)</p>		<p>This EXAMPLE event includes services like: Emergency room care (<i>including medical supplies</i>) Diagnostic test (<i>x-ray</i>) Durable medical equipment (<i>crutches</i>) Rehabilitation services (<i>physical therapy</i>)</p>	
Total Example Cost	\$12,700	Total Example Cost	\$5,600	Total Example Cost	\$2,800
In this example, Peg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
<i>Cost Sharing</i>		<i>Cost Sharing</i>		<i>Cost Sharing</i>	
Deductibles	\$0	Deductibles	\$0	Deductibles	\$0
Copayments	\$1,000	Copayments	\$1,400	Copayments	\$200
Coinsurance	\$0	Coinsurance	\$10	Coinsurance	\$0
<i>What isn't covered</i>		<i>What isn't covered</i>		<i>What isn't covered</i>	
Limits or exclusions	\$20	Limits or exclusions	\$0	Limits or exclusions	\$0
The total Peg would pay is	\$1,020	The total Joe would pay is	\$1,410	The total Mia would pay is	\$200

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

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 անվճար օգնություն և տեղեկություններ ստանալու Ձեր նախընտրած լեզվով: Թարգմանչի հետ խոսելու համար զանգահարե՛ք 888.563.2250 համարով կամ TTY 888.877.5378՝ լսողության հետ խնդիրներ ունեցողների համար:

PERSIAN-FARSI

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

RUSSIAN

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

JAPANESE

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

ARABIC

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

PUNJABI

ਜੇਕਰ ਤੁਸੀਂ, ਜਾਂ ਜਿਸ ਕਿਸੇ ਦੀ ਤੁਸੀਂ ਮਦਦ ਕਰ ਰਹੇ ਹੋ, ਦੇ Western Health Advantage ਬਾਰੇ ਸਵਾਲ ਹਨ ਤਾਂ, ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਹਾਸਲ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਦੁਆਰਾ ਠਾਲ 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 សម្រាប់អ្នកត្រចៀកឆ្លន តាមលេខ 888.877.5378។

HMONG

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

HINDI

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

THAI

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