Summary of Benefits 2024

January 1, 2024 – December 31, 2024

To help you make the right health care decisions, we're providing this summary of benefits to highlight what **Western Health Advantage MyCare Select (HMO)** covers and what you pay. It does not list every service that we cover or list every limitation or exclusion. Our plan members get all of the benefits covered by Original Medicare as well as some extra benefits outlined in this summary.

WHO CAN JOIN?

To join our plan, you must be retired, eligible for premium-free Medicare Part A, be enrolled in Medicare Part B, meet the eligibility requirements established by the employer/union group sponsor's employment-based health coverage and live in our service area. Our service area includes Marin, Napa, Sacramento, Solano, Sonoma, Yolo and partial zip codes in Colusa, El Dorado and Placer counties in Northern California.

HELPFUL RESOURCES

- For a complete list of services that we cover, refer to the Evidence of Coverage (EOC) available on our website or request a printed copy by calling Member Services.
- Visit our website to see our plan's Provider Directory or to request a printed copy. You can also call Member Services to have a printed copy mailed to you.

WHA CALPERS MEMBER SERVICES TEAM

Call **888.WHA.PERS** (888.942.7377); 711 TTY or email **whapers@westernhealth.com**, available 7 days a week, 7 a.m. to 8 p.m. You can also explore our website at **westernhealth.com/calpers/medicare**.

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Western Health Advantage MyCare Select (HMO) Medical Benefits

Retiree Medicare Advantage Plan — Effective 01.01.24

Plan Premium—pending board approval	$268.62 per member per month[1] You must continue to pay your Medicare Part B premium
Deductible	$0 – There is no yearly deductible for medical services
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) for this plan – In-network: $1,500

Benefits	What You Pay
Inpatient Hospital Coverage[2,3]	$0 copay per day of a benefit period A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care for 60 days in a row. If you go into a hospital after one benefit period has ended, a new benefit period begins. There's no limit to the number of benefit periods. Our plan covers an unlimited number of days for an inpatient hospital stay.
Doctor's office visits: Primary care physician and Specialist[2,3]	$0 copay
Preventive care	$0 copay
Annual physical exam	$0 copay
Emergency care	$50 copay; waived if you are admitted to the hospital
Urgently needed services	$0 copay
Diagnostic (e.g. MRI, ultrasounds, CT scans) and Therapeutic radiology services	$0 copay
Outpatient x-rays	$0 copay
Diagnostic tests/Procedures and lab services	$0 copay
Skilled Nursing Facility[2]	$0 copay/day (days 1-100); up to 100 days/benefit period
Physical therapy[2,3]	$0 copay
Ambulance[2]	$0 copay for each one-way transport
Transportation	not covered

[1]Individual subscriber premium only; [2]Services may require prior authorization; [3]Services may require a referral from your doctor

Western Health Advantage MyCare Select (HMO) Medical Benefits

Retiree Medicare Advantage Plan — Effective 01.01.24

Benefits	What You Pay
Prescription drug coverage	
Medicare Part B drugs[2]	0% of the cost
Medicare Part D drugs	are covered through OptumRx, not WHA learn more about prescription drug coverage at **optumrx.com/calpers** or by calling 1.855.505.8106
Hearing Services[3]	
Hearing aid fitting/evaluations	$0 copay, up to two (2) visits annually
Hearing aids	up to $1,000 every three (3) years
Dental Services[2]	
Medicare-covered	$0 copay
Vision and Eyewear Services	
Medicare-covered exams/screening	$0 copay
Routine vision exams including refraction	$0 copay, up to one (1) annually
Medicare-covered eyewear	$0 copay
Routine eyewear (contact lenses, eyewear frames and/or eyewear lenses)	up to $200 every two (2) years
Mental Health Services	
Inpatient visits[2]	$0 copay per day of a benefit period
Outpatient therapy (individual and group)	$0 copay
Value-Added Services	
Routine chiropractic care and acupuncture	$15 copay; up to 20 combined visits annually; refer to your plan's EOC for details on Medicare-covered services
Over-the-counter credits	up to $100 every three months from FirstLine Essentials; unused portions do not carry over to the next quarter
Fitness program benefit	$0 copay; access to a variety of fitness centers, virtual coaching and on-line resources through Silver&Fit
At-home meal delivery	56 meals a year, following a hospital or skilled nursing facility stay from Mom's Meals

[1]Individual subscriber premium only; [2]Services may require prior authorization; [3]Services may require a referral from your doctor

Form Approved
OMB# 0938-1421

Notice of Language Assistance

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1.888.942.7377 (TTY 711). Someone who speaks English/Language can help you. This is a free service.

Spanish
Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1.888.942.7377 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin
我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1.888.942.7377 (TTY 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese
您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1.888.942.7377 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog
Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1.888.942.7377 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French
Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1.888.942.7377 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese
Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1.888.942.7377 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German
Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1.888.942.7377 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean
당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1.888.942.7377 (TTY 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian
Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1.888.942.7377 (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic
إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى بمساعدتك. هذه خدمة مجانية الاتصال بنا على 1.888.942.7377 (TTY 711). سيقوم شخص ما يتحدث العربية.

Hindi
हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1.888.942.7377 (TTY 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian
È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1.888.942.7377 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués
Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1.888.942.7377 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole
Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1.888.942.7377 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish
Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1.888.942.7377 (TTY 711). Ta usługa jest bezpłatna.

Japanese
当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1.888.942.7377 (TTY 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサー ビスです。

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westernhealth.com/calpers/medicare
7 days a week, 7 a.m. to 8 p.m.
888.WHA.PERS (888.942.7377)
whapers@westernhealth.com

For more about coverage and costs of Original Medicare, look in your current "Medicare & You" handbook, view it online at www.Medicare.gov or request a printed copy by calling 1.800.MEDICARE (1.800.633.4227), 24 hours a day, seven days a week. Use 1.877.486.2048 for TTY.

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