



The following frequently asked questions are only an overview of how to use your Western Health Advantage coverage. Refer to your governing documents: the applicable Copayment Summary and Combined Evidence of Coverage and Disclosure Form (EOC/DF) for full plan details, including covered and non-covered services. In case of a conflict with this document, your governing documents establish the benefits that will be provided.

How do I reach WHA's Member Services?

Available: Monday – Friday, 8 a.m. to 6 p.m.

Call: 916.563.2250 | 888.563.2250 toll-free
888.877.5378 TDD/TTY

Email: memberservices@westernhealth.com

For 24/7 information, go online: choosewha.com/OE

WHA's Member Services is happy to help you:

- Get started with your WHA coverage
- Choose a PCP or learn how to see a specialist
- Obtain and understand your benefit plan information
- Get care while traveling or in case of an emergency
- Obtain interpretive services or translated printed materials
- Find out what to do if you receive a bill
- File a compliment or complaint
- Receive your Copayment Summary(ies) and/or EOC/DF

Nurse24SM Advice Line

Nurse24 provides access to registered nurses who are ready to answer your specific questions on general health and wellness, 24 hours a day, including making direct referrals to disease management nurses. To speak to a nurse, call **877.793.3655** (800.877.8793 for TTY). You can also chat online with a nurse or send a secure email via mywha.org/healthsupport. Of course, you can always call your PCP's office if you are unsure if your situation needs immediate attention.

Who can be my primary care physician (PCP)?

PCPs can be practitioners of Family, Internal or General Medicine, Pediatricians and in some cases, Obstetricians and Gynecologists. At the time of enrollment, you are required to select a PCP from one of the medical groups in your provider network. Your provider network and medical group are shown in your welcome kit, at mywha.org and on WHA's MyWHA mobile app. Your PCP is responsible for coordinating all of your medical care. It is extremely important to get established with your doctor as soon as your coverage becomes effective.

Is my doctor in the WHA plan?

To obtain covered services, you must see a provider in the WHA network. Our provider search at mywha.org/directory is a great tool to get the most up-to-date information about participating PCPs and specialists in your network. You can also search for a provider by name, provider type, location of the practice(s), medical group affiliation or languages spoken. Printed directories are available upon request.

When will I get an ID card?

ID cards are mailed to new members' homes no later than two weeks before their effective date. Replacement ID cards will be issued in the event of a name change or if dependents are added to your coverage. Members can also access and print ID cards at mywha.org or from WHA's MyWHA mobile app. A copy of your enrollment form or electronic enrollment confirmation can also be used as temporary proof of coverage.

What if I'm receiving treatment from a non-network physician?

Out-of-network services are not covered unless prior authorized, except in an urgent or emergency situation. However, if you are a new member currently undergoing acute treatment with a non-participating provider, you may qualify for Continuity of Care (CoC). For more information or to obtain a Continuity of Care Request Form, contact WHA Member Services. You may also access the CoC Form online at mywha.org/cocform.

What should I consider when choosing a PCP?

These questions may be useful when selecting a new PCP:

- What's the most convenient location for your PCP's office—near work or near home?
- Would you prefer a male or female PCP?
- Would you like to see your PCP in a private office or in a setting that offers multiple services under one roof?
- Do you prefer to speak to your PCP in another language or have specific cultural needs?
- Referrals are a great way to find the right PCP. Can your friends or colleagues recommend a doctor?

What if I want to change my PCP?

You can change your PCP online by logging into your MyWHA account at mywha.org or by calling Member Services. Your PCP effective date is the first day of the month following your request. You must wait until the effective date before seeking care from your new PCP or the services may not be covered. Upon requesting a change of PCP, WHA will send you a letter confirming your new PCP's name within 10 to 12 business days. You can also access this information at mywha.org or from WHA's MyWHA mobile app. Note: PCP changes are not allowed while you are in the hospital or while you are receiving active medical treatment.

What happens if I need to see a specialist?

While your PCP will treat most of your health care needs, if your PCP determines that you require specialty care, your PCP will refer you to an appropriate provider. You may have options in specialty care both inside and outside of your PCP's medical group. Visit mywha.org/referral to learn more.

What if I need help with complex medical issues?

WHA provides access to routine and complex Case Management (CM) services for members who qualify for them—generally, those with conditions that require a high level of coordination of care among multiple specialists and other health care providers—at no additional cost. To learn more about our CM services or to determine if you qualify, contact WHA Member Services.

Additionally, Disease Management (DM) programs are available to certain members living with chronic conditions to assist with identifying strategies to optimize their health and reach personal health goals. To learn if you qualify for these no-cost DM programs, visit mywha.org/dm or contact WHA Member Services.

What if I have an out-of-area emergency?

WHA covers urgent care and emergency care services wherever you are in the world. If you are hospitalized at a non-participating facility because of an emergency, WHA or your PCP must be notified within 24 hours of the emergency or as soon as possible. Please note that emergency room visits are not covered for non-emergency situations. Also, call your PCP for all follow-up care after your emergency treatment. If you return to the emergency room or a non-participating provider for follow-up care (for example, removal of stitches or redressing a wound), you will be responsible for the cost of the service. If your emergency health problem requires a specialist, your PCP will refer you to an appropriate participating provider as needed. If you need assistance with care out of the service area, contact WHA Member Services and ask to speak to a Clinical Resource Nurse.

If you are 100 miles or more away from home, WHA offers access to Assist America's travel assistance services, including medical consultation and referrals, care of a minor child, lost luggage or document assistance, and other vital services in the event you face a medical or non-medical emergency.

What if I live outside the WHA Service Area?

As a member, you and/or your dependents must live or work within the WHA service area zip code. For WHA's service area map, visit mywha.org/servicearea. If a member or dependent no longer lives in the WHA Service Area, they will no longer be eligible for coverage through WHA. It is important to understand that you must choose a PCP from the WHA network and that you are required to receive all routine and preventive services there. This includes care you may require for routine illnesses such as colds, flu, headaches, minor sprains and other illnesses and injuries that are not classified as urgent or emergency care.

What mental health services are covered on a WHA plan?

WHA plans include a full spectrum of managed mental health and substance abuse services, available through Magellan Health Services without a PCP referral. Magellan offers convenient virtual visits and helpful resources on their website. Members have access to two programs designed to assist those who may be at a high risk for depression, specifically mothers of newborn babies or adults after a medical event. Learn more at mywha.org/BH or call Member Services.

Is my son/daughter covered while attending college away from home?

If your dependent child lives outside of our service area, he or she is eligible for coverage only if a full-time student. Note: Those students who reside outside the service area must obtain all routine, preventive and follow-up care from WHA network providers. When outside the service area, these students are covered only for urgent or emergency care.

How can I review and track the amounts applied toward my annual deductible?

Members can review their deductible balances and annual out-of-pocket maximum using WHA's secure, member-only website at mywha.org/accumulator.

Does WHA offer cultural and linguistic services?

WHA and our providers support your right to obtain accessible health care. If you have needs with regard to your culture, language, or a disability, please contact your physician's office first or call WHA's Member Services.

If you need assistance in a language other than English, WHA offers interpretation services in many languages, including Spanish and American Sign Language, free of charge. Let your physician's office know when you call for an appointment if you would like this assistance. The deaf and hard of hearing may use WHA's TTY line at **888.877.5378**.

Spanish language versions of all vital and critical plan documents are available to our membership on our website or through WHA Member Services. Translated documents in languages other than Spanish, in large print, in braille, and other formats may be requested through your doctor's office or WHA's Member Services Department.

OTHER RESOURCES

Information and resources pertaining to utilization management and quality procedures are available to WHA members, prospective members and employers through our website.

At choosewha.com/faqs, you will find information about the following topics, among others: prior authorization; member participation in medical treatment decisions; second opinions; new technology requests; standing referrals; continuity of care; and grievances and appeals.

Much of this information is also detailed in the EOC/DF for your plan, which is available online at mywha.org. A copy may be requested by calling WHA Member Services.

Pharmaceutical Management

The information below is provided as an overview of Western Health Advantage's prescription medication benefit when included with a WHA medical plan. Refer to your governing documents: the applicable Copayment Summary and Combined Evidence of Coverage and Disclosure Form (EOC/DF) for full plan details, including covered and non-covered services. In case of a conflict with this document, your governing documents establish the benefits that will be provided.

WHA contracts with OptumRx®, one of America's leading pharmacy benefit managers (PBMs), to provide pharmaceutical services to our members.

Covered Medications

WHA uses a tiered prescription program that is based on our Preferred Drug List (PDL). You may view WHA's PDL online at mywha.org/pharmacy or request a copy by calling WHA Member Services. Refer to your copayment summary to confirm whether the plan is three- or four-tiered.

- Plans for large employer groups (101 or more employees) have three tiers of medications under the program
- Plans compliant with the Affordable Care Act (ACA)* for small groups (one to 100 employees) and individuals and families have four tiers.

Tiers are generally classified as follows:

- **Tier 1:** Preferred generic and certain preferred brand name medication
- **Tier 2:** Preferred brand name and certain non-preferred generic medication
- **Tier 3:** Non-preferred (generic or brand) medication
- **Tier 4:** Specialty medication (see reverse for information about self-injectables on the three-tier formulary)

The relevant tier for your medication can be found on WHA's PDL for your plan. Within all categories, there are a few drugs that may require step therapy or prior authorization to ensure the appropriate use of the drug.

**Small groups can purchase ACA-compliant plans from CalChoice or direct from WHA, while individual and family plans are available from Covered CA or direct from WHA.*

Preventive Prescription Medications

WHA, in accordance with the Patient Protection and Affordable Care Act (ACA), provides coverage for select preventive medication categories without imposing a copayment, coinsurance, or deductible. Coverage of these medications may include select over-the-counter (OTC) medications, and requires a prescription from your licensed health care provider. Not all medications are covered in full under these categories and may be subject to step therapy or prior authorization requirements (e.g., coverage limits based on diagnosis, use, age, or national guidelines recommendations).

Prospective Members

Visit choosewha.com/rxpricing to determine costs for medications under a deductible plan, even if you are not yet a WHA member.

Over-the-Counter Drugs

Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan, with the exception of select insulins, insulin supplies and covered preventive drugs (see Preventive Prescription Medications). OTC drugs are covered only if they are both listed on the preferred drug list and prescribed.

Generic Medications

Under the WHA prescription program, your pharmacist will automatically substitute equivalent generics for brand name medications whenever possible, as this provides the greatest value. If your physician determines there is a need to substitute a brand name medication for a generic medication, the physician will need to specify "Dispense as Written" on the prescription, as required by the California Board of Pharmacy regulations.

Cost of Medications

As long as there isn't a deductible listed on your copayment summary, you'll only be responsible for paying the relevant copayments for your medications.

You can see the copayment amounts for each medication tier on your copayment summary. It's a good idea to use first- and second-tier medications whenever possible, as this offers you the greatest savings.

If you are on a deductible plan and your medication is on a tier that is subject to the deductible, you will pay the cost of the medication until you meet the deductible for your plan for the year. This deductible is detailed on your Copayment Summary. After that, you'll only need to pay the relevant copayment for your medication, as described above.

If you elect to receive a second- or third-tier brand medication rather than the generic equivalent (typically first-tier) with no medical indication from the prescribing physician, you will have to pay the difference between the elected brand and generic equivalent, in addition to the relevant copayment.

Oral anti-cancer drugs will not exceed \$250 for 30-day supply.



Western Health Advantage

Retail Pharmacies and Mail Order Services

WHA members can obtain their prescription and refill medications through:

- **Retail Pharmacies:** Most prescription medications can be obtained at any retail pharmacy but you'll get the most savings by going to a participating pharmacy with OptumRx. If you use a non-participating pharmacy, you will be reimbursed for the amount the medication would have cost WHA at a participating pharmacy, minus any applicable copayment or other payment obligation.
- **Maintenance Options:** For medications you take regularly, you may save time and money by obtaining a 90-day supply through OptumRx's mail-order pharmacy program or by using the Select90 program at Walgreen's retail pharmacy. For mail-order, your prescription can be refilled online or by phone and will be delivered straight to your home or office, whichever is more convenient.

Medication Dosing and Days' Supply

In cases of medical necessity, WHA may prior authorize a greater quantity upon request.

- Prescriptions filled at retail pharmacies are limited to up to a 30-day supply.
- Prescriptions filled by mail-order or Select90, as described above, allow up to a 90-day supply.
- Specialty medications (e.g., those that cost over \$600 for a 30-day supply) are limited to up to a 30-day supply. WHA will allow up to two initial fills at local retail pharmacies to make sure you get started on your medications in a timely manner. All other fills will be limited to WHA's exclusive specialty pharmacy network as described in the EOC/DF. Some specialty medications (i.e., limited distribution medications), are only available from select specialty pharmacies due to FDA or manufacturer restrictions and therefore may not be available for the first two initial fills at a local retail pharmacy.
- By California law, controlled substance medications have limited refill capabilities.
- Some drugs are limited to a fixed number of doses per 30-day period. For example, sedative hypnotics and erectile dysfunction medications, among others, are limited to a certain number of doses per 30 days.
- WHA may add other quantity limitations when WHA's Pharmacy and Therapeutics (P&T) Committee determines that it is appropriate to do so.

Self-Injectable Medications and Other Considerations

- **Self-injectable medications:** On the three-tier formulary, self-injectable medications (excluding insulin) are covered with specific cost-sharing outside of the first three tiers, as described on your prescription copayment summary. These drugs are limited to a 30-day supply, and most often require prior authorization. If the self-injectable medication

is approved, all related supplies will also be approved. Insulin and related supplies are covered under the first three tiers and do not require prior authorization.

- **Infertility medications:** Medication for the treatment of infertility is covered only when the member's employer has purchased a separate infertility rider. Note: Infertility coverage is not available to members on individual and family plans. All infertility services, including medical services and infertility drugs, require prior authorization. Please refer to your infertility rider's copayment summary for exclusions and limitations to this benefit.
- **Non-FDA approved drugs or quantities:** When a physician prescribes a medication (or a quantity of a medication) that is non-FDA-approved, he/she must obtain prior authorization through the contracted medical group or WHA. For a drug or indication that is not FDA-approved, the physician must provide information regarding the FDA-approved drugs that have been tried and failed or had unacceptable side effects. If the physician prescribes a dosage of an FDA-approved drug that exceeds the FDA-approved amount, he/she must submit additional documentation of the safety and effectiveness of that dose. For any of these exception requests, WHA adheres to required timelines to resolve the issue. In the case of a denial, there is an appeal process available to the member.
- **Investigational drugs:** Any drug that is undergoing investigational testing in humans requires case-by-case review in order for the drug to be approved for the member. Investigational New Drugs (INDs) are approved by the FDA for use on patients with serious and immediately life-threatening diseases for which no other drug or therapy exists. INDs are not available to all members since they are not approved by the FDA for commercial marketing or general use.

Online Services

Through the WHA website, you can link directly to the OptumRx's website at optumrx.com. There, you will find an array of resources and will be able to:

- Compare prescription benefits and determine your financial responsibility for your medications;
- Order refills and renew prescriptions;
- Locate participating pharmacies;
- Determine drug-drug interactions;
- Learn about the common side-effects and significant risks of drugs;
- Determine the availability of generic substitutes for brand name medications; and
- Initiate the prior authorization process for certain drugs.