Western Health Advantage

DISCOVER YOUR ADVANTAGE

Easy access to the doctors you know and trust

ENJOY THE FREEDOM AND FLEXIBILITY THAT COMES WITH **ACCESS TO SIX MEDICAL GROUPS** >

advantage

COUNTY OF SONOMA
OPEN ENROLLMENT 2016

choosewha.com/sonoma-county

advantage

IN THIS PACKET

Network capabilities

6 medical groups & 15 hospitals

nearly 3,000 providers

Advantage Referral specialists

Behavioral health

1,500 providers

24/7 online support

no-cost prevention programs

Travel assistance

concierge service for when emergencies occur 100 miles or more from home

Health and wellness

local gym discounts

personalized wellness portal

24/7 nurse advice line

Alternative medicine

chiropractic & acupuncture

up to 20 annual visits, each

no PCP referral needed

Digital access

single sign on to pharmacy

change your PCP

access your benefit details

Custom benefits

Premier 10A with Infertility

Prescription G

SONOMA COUNTY

Healdsburg District Hospital

Santa Rosa Memorial Hospital

Sonoma Valley Hospital

Sonoma West Medical Center

Petaluma Valley Hospital

Western Health

COPAYMENT SUMMARY

choosewha.com/sonoma-county

DISCOVER YOUR ADVANTAGE

Thank you for your interest in health coverage from Western Health Advantage.

With Western Health Advantage you don't have to settle for one medical group. Our unique Advantage Referral program gives you access to any participating specialist across our six medical groups, including: Meritage Medical Network, NorthBay Healthcare, UC Davis Medical Group, Mercy Medical Group, Hill Physicians and Woodland Healthcare. With nearly 3,000 doctors to choose from—we give you the freedom and flexibility you are looking for in a health plan.

Enter to Win a Fitbit Fitness Pack

Visit your group's customized web page to learn why you should **choose WHA**. During open enrollment, be sure to check out **choosewha.com/sonoma-county** where you will find a entry form. The winner of the drawing will win a Fitbit Charge HR™ along with other fitness-inspired fun ($250 value).

Western Health has you covered. Enjoy the peace-of-mind that comes with 15 leading hospitals and major medical centers in Northern California, including five in Sonoma County. You will also find conveniently located full-service care centers that offer a wide array of services under one roof—providing access to quality care in a neighborhood near you.

Through your medical group, you may have various options for staying connected with your doctor 24 hours a day, 7 days a week. Typically these services allow you to email your doctor, schedule an appointment, view lab results, access your medical record, request prescription refills and much more.

WHA isn't a statewide health plan, and we like it that way. If you're looking for local people you can reach in person, or on the phone, that's us. We're proud to live and work where you do, which is why each year WHA provides about $1.5 million in financial assistance and more than 2,000 volunteer hours for a variety of cultural and community events, as well as health and human services organizations in the areas we serve.

To learn more about WHA and the benefits offered with our coverage, contact your human resources department or WHA direct. We are happy to assist you with any specific questions that you may have. Call 888.499.3198, email whasales@westernhealth.com or visit choosewha.com/sonoma-county for more information.

Thank you again for considering Western Health Advantage; we value the opportunity to serve as your health plan.

Sincerely,

Elizabeth Hargett

Elizabeth Hargett
Sales Director, Western Health Advantage

advantage you

Easy access to the doctors you know and trust

Why settle for one medical group when you can have access to six? You and your family have the freedom to choose and change doctors—anytime. You also have the flexibility of Advantage Referral to see any participating specialist from our six medical groups.

You can trust the quality of health care provided by the region's only nationally ranked, comprehensive hospital for children, two renowned heart and vascular care centers, and some of the top-performing physician groups in California—just to name a few. Visit choosewha.com/quality to learn more about our providers' awards and achievements.

Hill Physicians
Your health. It's our mission.

Mercy Medical Group
A Service of Dignity Health Medical Foundation

MERITAGE MEDICAL NETWORK

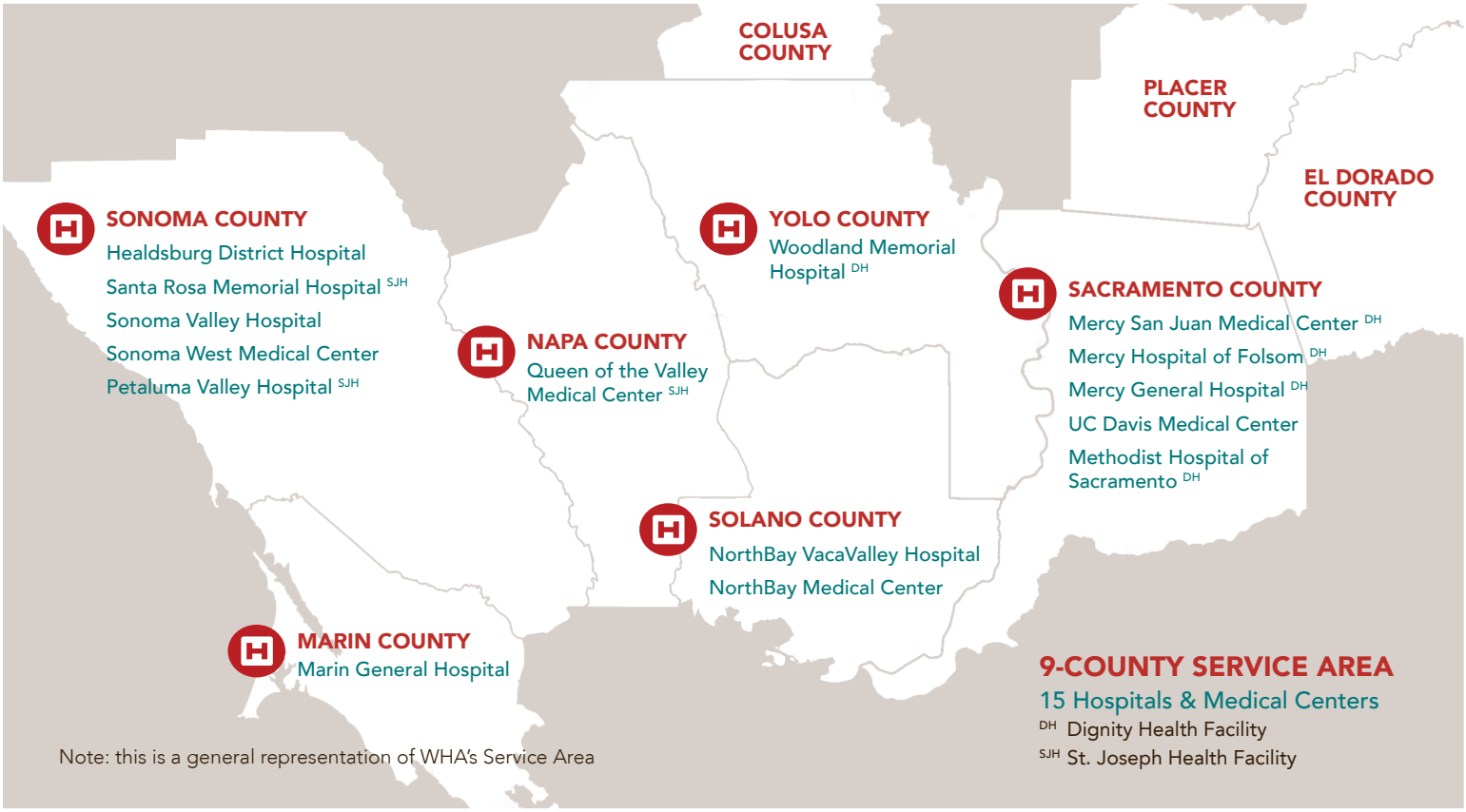
NORTHBAY HEALTHCARE

UCDAVIS MEDICAL GROUP

Dignity Health
Woodland Healthcare

We've got you covered

Enjoy the peace-of-mind that comes with 15 leading hospitals and major medical centers in Northern California. You will also find conveniently located full-service care centers that offer a wide array of services under one roof—providing access to quality care in a neighborhood near you.



Note: this is a general representation of WHA's Service Area

We emphasize access to creditable, quality care

PHYSICIAN PERFORMANCE

Meritage Medical Group was honored as a top-performing physician group in California and recognized with the Excellence in Healthcare Award by the Integrated Healthcare Association.

HEART & VASCULAR TREATMENT

Healthgrades® designated **Marin General Hospital** as one of America's Best 100 Hospitals for Cardiac Care as well as its Distinguished Hospital Award for Clinical Excellence for various programs.

Queen of the Valley Medical Center became one of the first hospitals in the North Bay area to offer the new FDA-approved implantable cardioverter defibrillator (ICD) system for use with MRI scans.

PATIENT CARE, SAFETY & SATISFACTION

Healdsburg District Hospital received Avatar International's Exceeding Patient Expectations Award for exceeding patient expectations about quality of care, reliability and customization before their visit.

Petaluma Valley Hospital was awarded an "A" grade for patient safety from The Leapfrog Group in its Hospital Safety Score℠.

CANCER TREATMENT

The Cancer Program at **Queen of the Valley Medical Center** was granted a "Three-Year Accreditation with Commendation" from the Commission on Cancer of the American College of Surgeons.

The Cancer Institute at **Marin General Hospital** received an Accreditation with Commendation, the highest level of recognition from the American College of Surgeons' Commission on Cancer.

WOMEN'S HEALTH

Santa Rosa Memorial Hospital received the 2015 Women's Choice Award® as one of America's Best Breast Centers.

Sonoma Valley Hospital has been recognized as one of 33 "High-Performing Hospitals" in California for the quality of its maternity care services by The California Hospital Assessment and Reporting Taskforce.

TRAUMA

Santa Rosa Memorial Hospital was designated as the region's Level II Trauma Center in May 2000. It is the only Level II Trauma Center serving the Coastal Valley region including Sonoma and Napa counties.

Additionally, WHA is proud to welcome the newly reopened **Sonoma West Medical Center** in Sebastopol to the provider network.

Choosing a network doctor

You will be asked to select a primary care physician (PCP) upon enrollment. Your PCP will coordinate your medical care by direct treatment or referral to a participating specialist.

Visit choosewha.com/sonoma-county to search nearly 700 PCPs in our network. Provider profiles include details like board certifications, languages spoken and medical group affiliation.

Advantage Referral when you need speciality care

Simply ask your PCP to refer you to any of the WHA specialists that participate in Advantage Referral, not just those associated with your medical group. OB/GYN services for women and annual eye exams do not require a referral or prior authorization.

To learn more about our reputable medical groups, look to **choosewha.com/sonoma-county** or contact them directly.

advantage

1,500 behavioral health providers.

WESTERN HEALTH ADVANTAGE gives you direct access to mental health and substance abuse services without a referral from your primary care provider.

Behavioral health resources and assistance for Western Health Advantage members are available through Human Affairs International of California (HAI-CA), a subsidiary of Magellan Health Services.

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. They work as an advocate for you. 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.

Magellan also offers no-cost behavioral health prevention programs for new moms and adults recovering from a medical event.

With nearly 1,500 providers to choose from, Magellan can help you get the care you need.

Call 800.424.1778 or search Magellan's provider directory at magellanassist.com to select a provider. When using the online search, choose "Register or Enter as a Guest" and enter our phone number [800.424.1778] for access.

Get 24/7 support from online health and wellness tools.

Magellan's website offers a quick self-assessment to track treatment progress as well as life management and healthy living resources.

This information 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 the available at mywha.org; also available upon request.

Call 800.424.1778 or search Magellan's directory at magellanassist.com

advantage you

ASSIST AMERICA

WORLDWIDE TRAVEL ASSISTANCE SERVICES

Providing you the advantage of traveling with peace of mind

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

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

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

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

advantage

Health & Wellness

We believe that you deserve every opportunity possible to reach your health and wellness goals. In addition to the online portal, WHA members have access to a suite of health and wellness programs and resources, including:

- **Online, personal wellness portal**
- **Preventive care resources**
- **Healthy and delicious recipes**
- **Gym and fitness center discounts**
- **Instructor-led classes and support groups**
- **24/7 nurse advice via chat or phone**

WHA's online wellness program keeps your health status right at your fingertips. MyWHA Wellness helps you set realistic wellness goals while providing the tools you need to achieve those goals.

Your health and wellness portal at **mywha.org/wellness** is the central hub for all wellness program components. Once you create your new online account, you can get started by taking the wellness assessment. It 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 vibrant online community. With healthy recipes, videos, podcasts and informative articles, you'll find endless inspiration to help you reach your health improvement goals.

Discover the advantage of MyWHA Wellness at mywha.org/wellness

advantage you

CAM BENEFITS

CHIROPRACTIC AND ACUPUNCTURE COVERAGE

Complementary and Alternative Medicine (CAM), covered as part of your WHA plan, allows medically necessary acupuncture and chiropractic care provided through Landmark Healthplan of California, Inc.

As part of your medical plan for WHA:

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

ACUPUNCTURE BENEFIT: Covers treatment of pain related to acute neuromusculoskeletal conditions such as dysfunction of the neck, back or joints, headaches, carpal tunnel, arthritis, allergies and asthma. Acupuncture services must be authorized. Typically covered acupuncture services include:

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

CHIROPRACTIC BENEFIT: Covers treatment of pain related to acute neuromusculoskeletal conditions such as low back pain, sprains and strains, headaches, neck pain and muscle spasms. Chiropractic services must be authorized. Typically covered chiropractic services include:

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

Note: This information is a summary of the highlights about your acupuncture and chiropractic coverage. For complete benefit information, refer to your Combined Evidence of Coverage and Disclosure Form and Schedule of Benefits for Landmark Healthplan of California, Inc. on the WHA website at mywha.org.

FIND A PROVIDER

LANDMARK HEALTHPLAN OF CALIFORNIA, INC.
Member Services | call 800.298.4875 | visit www.lhp-ca.com

Call Landmark Healthplan or visit their website to locate a participating practitioner in your area.

advantage On-the-Go Access.

Western Health Advantage offers you access to your personal account via our secure, member-only website and mobile app. Use these tools to find a wealth of resources to help you make the most of your health plan—24 hours a day, 7 days a week!

Sign up for access to your MyWHA account

It's easy! All it takes is some basic information from you along with your WHA member ID number. Simply visit **mywha.org**, click "Sign Up For MyWHA Tools" and follow the prompts.

Take advantage of online tools using MyWHA

- Review your enrollment and benefit information, including your Copayment Summary(ies) and Combined Evidence of Coverage and Disclosure Form (EOC/DF).
- Single sign-on to your online pharmacy.
- View your preferred drug list (PDL).
- Single sign-on to MyWHA Wellness.
- Change your primary care physician (PCP).
- Order/Print ID cards or other plan materials.

Access your doctor online or via email

As a WHA member, you have options for staying connected with your doctor and accessing your health record with the click of a mouse via mywha.org/connect.

WHA Mobile by Western Health Advantage

Access your Western Health Advantage information straight from your smartphone. Highlights of the free app include:

- Ability to quickly access your primary care physician (PCP) and get a map to his or her office.
- Details about your plan, such as your copayment or your pharmacy plan.
- Access to the WHA Member Services Department and the 24-hour nurse advice line.
- Keeps an electronic copy of your member ID cards.

advantage you

Western Health Advantage

PREMIER 10A

COPAYMENT SUMMARY a uniform health plan benefit and coverage matrix

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

cost to member	
	DEDUCTIBLE
none	Deductible amount
	ANNUAL OUT-OF-POCKET MAXIMUM
	The maximum out-of-pocket expense for a member per calendar year is limited to either the Self-only, Individual with Family or Family coverage amount, whichever is met first:
$1,500	Self-only coverage
$1,500	Individual with Family coverage
$3,000	Family coverage
none	Lifetime maximum
	Preventive Care Services
none	Preventive care services, including laboratory tests, as outlined under the Preventive Services Covered without Cost-Sharing section of the EOC/DF
	• Annual physical examinations and well baby care
	• Immunizations, adult and pediatric
	• Women's preventive services
	• Routine prenatal care and lab tests, and first post-natal visit
	• Breast, cervical, prostate, colorectal and other generally accepted cancer screenings
	Note: Procedures resulting from screenings are not considered preventive care. In order for a service to be considered "preventive," the service must have been provided or ordered by your PCP or OB/GYN, and the primary purpose of the visit must have been to obtain the preventive service. Otherwise, you will be responsible for the cost of the office visit as described in this copayment summary.
	Professional Services
$10 per visit	Office visits, primary care physician (PCP)
$10 per visit	Office visits, specialist
none	Vision and hearing examinations
none	Family planning services
	Outpatient Services
	Outpatient surgery
$10 per visit	• Performed in office setting
$10 per visit	• Performed in facility — facility fees
none	• Performed in facility — professional services
none	Dialysis, infusion therapy and radiation therapy
none	Laboratory tests, X-ray and diagnostic imaging
none	Imaging (CT/PET scans and MRIs)
$3 per visit	Therapeutic injections, including allergy shots
	Hospitalization Services
none	Facility fees — semi-private room and board and hospital services for acute care or intensive care, including:
	• Newborn delivery (private room when determined medically necessary by a participating provider)
	• Use of operating and recovery room, anesthesia, inpatient drugs, X-ray, laboratory, radiation therapy, blood transfusion services, rehabilitative services, and nursery care for newborn babies
none	Professional inpatient services, including physician, surgeon, anesthesiologist and consultant services

cost to member	Urgent and Emergency Services
	Outpatient care to treat an injury or sudden onset of an acute illness within or outside the WHA Service Area:
$10 per visit	• Physician's office
$10 per visit	• Urgent care center
$50 per visit	• Emergency room — facility fees (waived if admitted)
none	• Emergency room — professional services
$50 per trip	• Ambulance service as medically necessary or in a life-threatening emergency (including 911)

Prescription Coverage

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

Durable Medical Equipment (DME)

20%*	Durable medical equipment (excluding orthotic and prosthetic devices) when determined by a participating physician to be medically necessary and when authorized in advance by WHA
none	Orthotics and prosthetics when determined by a participating physician to be medically necessary and when authorized in advance by WHA

Behavioral Health Services

Mental Health Disorders and Substance Abuse

$10 per visit	• Office visit
none	• Outpatient services
none	• Inpatient hospital services, including detoxification — provided at a participating acute care facility
none	• Inpatient hospital services — provided at residential treatment center
none	• Inpatient professional services, including physician services

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

Other Health Services

none	Home health care when prescribed by a participating physician and determined to be medically necessary, up to 100 visits in a calendar year
none	Skilled nursing facility, semi-private room and board, when medically necessary and arranged by a primary care physician, including drugs and prescribed ancillary services, up to 100 days per benefit period
none	Hospice services
$10 per visit	Habilitation services
$10 per visit	Outpatient rehabilitative services, including: • Physical therapy, speech therapy and occupational therapy, when authorized in advance by WHA and determined to be medically necessary • Respiratory therapy, cardiac therapy and pulmonary therapy, when authorized in advance by WHA and determined to be medically necessary and to lead to continued improvement
none	Inpatient rehabilitation
$10	Home self-injectable medication, limited to a 30-day supply; insulin is covered under the prescription benefit
	Infertility services — covered under the Infertility rider plan (see Infertility Copayment Summary)**
	Acupuncture and chiropractic services, provided through Landmark Healthplan of California, Inc., when determined to be medically necessary, no PCP referral required
$15 per visit	• Acupuncture, up to 20 visits per year
$15 per visit**	• Chiropractic care, up to 20 visits per year

* Percentage copayments are based upon WHA's contracted rates with the provider of service.
** Copayments do not contribute to the medical out-of-pocket maximum.

Western Health Advantage

PRESCRIPTION G

COPAYMENT SUMMARY

Western Health Advantage (WHA) shall cover Prescription medications at Participating Pharmacies, prescribed in connection with a covered service and subject to conditions, limitations and exclusions stated in this Copayment Summary.

Prescription Copayments For Covered Medications

WHA offers a Three-tier Copay Plan (see definitions)

Walk-In Pharmacy (up to 30-day supply)	Cost to Member
• Tier 1 – Preferred generic medication	$5
• Tier 2 – Preferred brand name medication*	$10
• Tier 3 – Non-preferred medication*	$20

Mail Order (up to 90-day supply)	Cost to Member
• Tier 1 – Preferred generic medication	$5
• Tier 2 – Preferred brand name medication*	$10
• Tier 3 – Non-preferred medication*	$20

The following prescription medications are covered at no cost to the member (generic required if available): aspirin, prenatal vitamins, folic acid, fluoride for preschool age children, tobacco cessation medication and women's contraceptives.

At walk-in pharmacies if the actual cost of the prescription is less than the applicable copayment, the member will only be responsible for paying the actual cost of the medication.

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

Mandatory generic substitution unless dispensed as written (DAW). (DAW: member pays Tier 2 or Tier 3 copay for brand name plus cost difference between Tier 1 and Tier 2 or 3 when brand name requested by member). The copay/cost share can never exceed the cost of the drug dispensed.

Covered Prescription Medications

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

Definitions

Brand Name medication is a Prescription drug manufactured, marketed and sold under a given name.
FDA-approved means drugs, medications and biologicals that have been approved by the Food and Drug Administration (FDA).
Generic medication is a Prescription drug that is medically equivalent to a Brand Name medication as determined by the FDA and meets the same standards as a Brand Name medication in all facets: purity, safety, strength and effectiveness.
Maintenance medication is any covered Prescription medication that is to be taken beyond 60 days. Examples include medications for high blood pressure, diabetes, arthritis, allergies and oral contraceptives.
Non-Preferred or Tier 3 medication means a Generic or Brand Name medication that is not listed on the WHA Preferred Drug List (PDL).
Participating Pharmacy is a pharmacy under contract with WHA, authorized to dispense covered Prescription medications to members who are entitled under the pharmacy benefit to receive them. Refer to the WHA Provider Directory for a list of Participating Pharmacies.
Preferred Brand Name or Tier 2 medication means a Brand Name medication that is listed on the WHA Preferred Drug List (PDL).
Preferred Drug List (PDL) is a listing of medications developed by WHA's Pharmacy and Therapeutics (P&T) Committee as drugs of choice in their respective classes of Preferred Generic medication or Preferred Brand Name medication. Please note that a drug's presence on the WHA PDL does not guarantee that the member's physician will prescribe the drug. Members may request a copy of the PDL by calling WHA Member Services or view the document on WHA's website at westernhealth.com.
Drugs are evaluated regularly by the P&T Committee, which meets every other month, to determine the additions and possible deletions of medications and to ensure rational and cost effective use of pharmaceutical agents. Physicians may request that the P&T Committee consider adding specific medications to the PDL. The Committee reviews all medications for their efficacy, quality, safety, similar alternatives, and cost in determining their inclusion on the PDL.
Preferred Generic or Tier 1 medication means a Generic medication that is listed on the WHA Preferred Drug List (PDL).
Prescription medication is a drug which has been approved by the FDA and which can, under federal or state law, be dispensed only pursuant to a Prescription order from a duly licensed physician.
Prescription is a written or oral order for a Prescription medication directly related to the treatment of an illness or injury and is issued by the attending physician within the scope of his or her professional license.
Three-tier Copay Plan means Preferred Generic medications listed on the PDL are covered at the lowest tier copayment level, Brand Name medications listed on the PDL are provided at the second tier copayment level, and drugs not listed on the PDL (Generic or Brand Name) are covered at the third tier copayment level. There are a small number of drugs, regardless of tier, that may require prior authorization to ensure appropriate use based on criteria set by the WHA P&T Committee.

Principal Exclusions and Limitations

The covered Prescription medications are subject to the exclusions and limitations described in this section:

a. Generic medications are required. The pharmacist will automatically substitute an equivalent Generic medication for the prescribed Brand Name medication unless: your physician writes, "do not substitute" or "prescribe as written"; there is not a Generic equivalent available; or the medication is included in the list of Narrow Therapeutic Index (NTI) drugs that currently have potential equivalency issues. In these cases, the member will be provided the Brand Name medication as written by the member's physician, even if a Generic is available. The applicable copayment will apply. A member may request a list of applicable NTI drugs by calling WHA Member Services.

b. Some Prescription medications may require prior authorization by WHA. For clarification, please contact WHA Member Services. Routine/non-urgent requests for prior authorization are processed within two business days if all applicable information is included with the request. Requests that are indicated as urgent will be reviewed within one business day. An incomplete request may delay the authorization process if the provider is not available to supply the necessary clinical information. For a prior authorization request after business hours or on weekends and holidays in an urgent or emergency situation, the Pharmacy is authorized to dispense an emergency short supply of the medication.

c. Covered Prescription medications are limited to a 30-day supply at a participating pharmacy. A 90-day supply of oral Maintenance medications is available through WHA's Mail Order program (see item d). Oral specialty medications that cost over $600 for a 30-day supply are limited to a 30-day supply.

d. Covered Prescription medications that are to be taken beyond 60 days are considered Maintenance medications and may be obtained through the Mail Order program. The initial Prescription for Maintenance medications may be dispensed through a Participating Pharmacy (limited to a 30-day supply). Subsequent refills for a 90-day supply may be obtained through the Mail Order program.

e. Over-the-counter medications, supplies or equipment that may be obtained without a Prescription, except for contraceptives described under the heading "Family Planning;" diabetes and pediatric asthma supplies as described under the headings "Diabetes supplies, equipment and services" and "Pediatric Asthma supplies, equipment, and services:" folic acid; aspirin, and tobacco cessation products in certain circumstances, as explained in more detail in your EOC.

f. Medications that are not medically necessary are excluded.

g. Treatment of impotence and/or sexual dysfunction must be medically necessary and documentation of a confirmed diagnosis of erectile dysfunction must be submitted to the Plan for review. Drugs and medications are limited to eight (8) pills per month for a 30-day period and are subject to a 50% copayment.

h. Medications that are experimental or investigational are excluded, except for life-threatening or seriously debilitating conditions and cancer clinical trials as described in the Combined Evidence of Coverage and Disclosure Form (EOC/DF) under the section titled "Independent Medical Review of Investigational/Experimental Treatments."

i. There are a small number of drugs, regardless of PDL tier level, that may require prior authorization for a non-FDA approved indication (off-label use). For off-label use, the medication must be FDA approved for some indication and recognized by the American Hospital Formulary Service Drug Information or one of the following compendia, if recognized by the federal Centers for Medicare and Medicaid Services as part of an anticancer chemotherapeutic regimen: The Elsevier Gold Standard's Clinical Pharmacology, the National Comprehensive Cancer Network Drug and Biologics Compendium, or the Thomson Micromedex DrugDex, or at least two articles from major peer reviewed medical journals that present data supporting the proposed use as safe and effective, unless there is clear and convincing contradictory evidence in a similar journal.

j. Prescriptions written by dentists are excluded.

k. Drugs required for foreign travel are excluded, unless they are prior authorized for medical necessity.

l. Prescription products for cosmetic indications, including agents for wrinkles or hair growth, and over-the-counter dietary/nutritional aids and health/beauty aids are excluded.

m. Drugs used for weight loss and dietary/nutritional aids which require a prescription are excluded, unless they are prior authorized for medical necessity.

n. Contraceptive devices (including IUDs) and implantable contraceptives are not covered under this prescription rider benefit; they are covered under the medical benefit as described in the EOC/DF.

o. Medications for injection or implantation (except insulin and other medications as determined by WHA) are covered under the medical benefit as described in the EOC/DF under the sections titled "Outpatient Services" and "Other Health Services."

p. Pharmacies which dispense covered Prescription medications to members pursuant to an agreement with WHA or its pharmacy benefit manager and this prescription rider benefit, do so as independent contractors. WHA shall not be liable for any claim or demand on account of damages arising out of or in any manner connected with any injuries suffered by members.

q. WHA shall not be liable for any claim or demand on account of damages arising out of or in any manner connected with the manufacturing, compounding, dispensing or use of any covered Prescription medication.

r. Medications for the treatment of infertility are excluded, unless the employer has added an Infertility rider benefit.

s. Vitamins (except prenatal prescription vitamins or vitamins in conjunction with fluoride) are excluded.

t. Medications for the treatment of short stature are excluded unless medically necessary.

u. Replacement medications for drugs that are lost or stolen are not covered.

Prescription Claim Reimbursement

If a member pays for a covered Prescription medication as described in this Copayment Summary, the original receipt along with a copy of the member's identification card, address, a daytime telephone number and the reason for the reimbursement request should be submitted to WHA's pharmacy benefit manager, Express Scripts, within 60 days of purchase. No claim will be considered if submitted beyond 12 months from the date of purchase.

Western Health Advantage

INFERTILITY BENEFIT

COPAYMENT SUMMARY

INFERTILITY SERVICES

Covered Infertility services generally include consultations, examinations, diagnostic services whether performed in a physician's office or in a hospital or other facility, and medications. All covered Infertility services must receive prior authorization and are subject to the exclusions and limitations set forth in this Copayment Summary.

"Infertility" is defined as a condition of being infertile. A member is considered infertile if there is the presence of a demonstrated condition recognized by a licensed physician and surgeon as a cause of infertility or she or he is unable to conceive a pregnancy or to carry a pregnancy to a live birth or produce conception after one (1) year of regular, unprotected heterosexual intercourse, or if the female partner is over age 35 years, after 6 months of regular unprotected heterosexual intercourse. A woman without a male partner may be considered infertile if she is unable to conceive after at least 12 cycles of supervised artificial/donor insemination (6 cycles for women 35 years or older).

COVERED SERVICES — Services and supplies for diagnosis and treatment of involuntary infertility

cost to member	
$10 per visit*	Office visits
	Outpatient Services
$10 per procedure*	• Outpatient surgery and outpatient procedures
none	• Outpatient imaging and laboratory tests
none	Artificial insemination (except for donor semen or eggs, and services and supplies related to their procurement and storage)
none	Medications for the treatment of Infertility when received and administered in a physician office
$5, $10 or $20*	Other medications for the treatment of Infertility (see Prescription Copayment Summary)

Hospitalization services are covered the same as the medical benefit.

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

EXCLUSIONS AND LIMITATIONS

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

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

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

Western Health Advantage

QUESTIONS? Contact your HR Department or WHA direct
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