



Find the plan that's right for you

Discover the benefits of Central Health Medicare Plan

23

Central Health Focus Plan (HMO C-SNP)

This plan is a good choice for anyone with a diagnosis of Diabetes, Chronic Heart Failure or Cardiovascular Disorders limited to: Cardiac arrhythmias, coronary artery disease, peripheral vascular disease and chronic venous thromboembolic disorder that doesn't qualify for Medi-Cal or receive institutional-level type of care (long-term care). This plan reduces the cost of prescription drugs while adding additional services and benefits.

- Available in Alameda, Contra Costa, Fresno, Orange, Los Angeles, San Bernardino, San Joaquin, and Santa Clara counties.

Central Health Premier Plan I (HMO) 20-1

This plan is a good choice for anyone who doesn't qualify for Medi-Cal, a Special Needs Plan, or receive institutional-level type of care (long-term care). This plan reduces the cost of prescription drugs while adding additional services and benefits.

- Available in Alameda, Contra Costa, Fresno, Los Angeles, San Joaquin, and Santa Clara counties.

Central Health Premier Plan II (HMO) 21-2

This plan is a good choice for individuals who are eligible for Medi-Cal.

- Available in Alameda, Contra Costa, Fresno, Los Angeles, San Joaquin, and Santa Clara counties.

Central Health Medicare Plan is an HMO plan with a Medicare contract. Enrollment in Central Health Medicare Plan depends on contract renewal. These are Special Supplemental Benefits for Chronic Illnesses. Certain qualifying conditions are required for members to access these benefits.

Contact Us



Call Toll-Free
1-866-314-2427, TTY 711



Visit Our Website
centralhealthplan.com



Hours of Operation
8:00 AM to 8:00 PM, 7 days a week



Address
PO Box 14244
Orange, CA 92863



Benefit Highlights

Alameda	Los Angeles
Contra Costa	San Joaquin
Fresno	Santa Clara

Central Health Focus Plan (HMO C-SNP)

Central Health Premier Plan I (HMO) 20-1

Central Health Premier Plan II (HMO) 21-2

PLAN DETAILS	CENTRAL HEALTH FOCUS PLAN (HMO-CSNP) 006	CENTRAL HEALTH PREMIER PLAN I (HMO) 20-1	CENTRAL HEALTH PREMIER PLAN II (HMO) 20-2
Monthly Plan Premium	\$0	\$0	\$0 ⁴
Part B Rebate	\$50 per month	Not covered	Not covered
Deductible	\$0	\$0	\$0
Maximum Out-of-Pocket Responsibility	\$1,800	\$899	\$6,700
COMPREHENSIVE CARE	CENTRAL HEALTH FOCUS PLAN (HMO-CSNP) 006	CENTRAL HEALTH PREMIER PLAN I (HMO) 20-1	CENTRAL HEALTH PREMIER PLAN II (HMO) 20-2 ⁵
Primary Care Providers	\$0 copay	\$0 copay	\$0 copay
Specialists ¹	\$0 copay	\$0 copay	\$0 copay
Urgent Care	\$0 copay	\$0 copay	\$0 copay
Diagnostic Tests & Procedures ¹	\$0 copay	\$0 copay	\$0 copay
Lab Services ¹	\$0 copay	\$0 copay	\$0 copay
MRI, CAT Scan ¹	\$0 copay	\$0 copay	\$0 copay
X-rays ¹	\$0 copay	\$0 copay	\$0 copay
Physical Therapy ¹	\$0 copay	\$0 copay	\$0 copay
HOSPITAL & EMERGENCY CARE	CENTRAL HEALTH FOCUS PLAN (HMO-CSNP) 006	CENTRAL HEALTH PREMIER PLAN I (HMO) 20-1	CENTRAL HEALTH PREMIER PLAN II (HMO) 20-2 ⁵
Inpatient Hospital ¹	\$0 copay	\$0 copay per stay	\$0 per stay
Outpatient Hospital ¹	\$0 copay	\$0 per stay	\$0 copay per stay
Emergency Care ²	\$0 - \$100 copay	\$0 - \$50 copay	\$0 copay
Worldwide Emergency Care • Urgent Care • Emergency Room • Emergency Transportation	\$50 copay with a \$100,000 limit	\$25 copay with a \$100,000 limit	\$0 copay with a \$100,000 limit
Ambulance (Ground) ¹	\$0 - \$75 copay	\$0 - \$40 copay	\$0 copay

PRESCRIPTION DRUG COVERAGE	CENTRAL HEALTH FOCUS PLAN (HMO-CSNP) 006	CENTRAL HEALTH PREMIER PLAN I (HMO) 20-1	CENTRAL HEALTH PREMIER PLAN II (HMO) 20-2
Part D Deductible (if Applicable) TIERS 2 – 5	\$0	\$0	\$0 or \$104 ⁴
	Retail Rx 30-day supply		
Initial Coverage You are in the Initial Coverage stage until you reach \$4,660 in drug costs (year to date). TIER 1: Preferred Generic TIER 2: Generic TIER 3: Preferred Brand TIER 4: Non-Preferred Drug TIER 5: Specialty Tier	\$0 copay \$0 copay \$35 copay \$75 copay 33% of the cost	\$0 copay \$0 copay \$35 copay \$75 copay 33% of the cost	\$0 copay \$0 copay Tiers 3 - 5 \$0, \$1.45, \$4.15 or 15% for generic drugs ⁴ \$0, \$4.30, \$10.35 or 15% for brand drugs ⁴ \$0 copay
TIER 6 - Select Care	\$0 copay	\$0 copay	\$0 copay
Coverage Gap You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) reach a total of \$7,400. TIER 1: Preferred Generic TIER 2: Generic TIER 3: Preferred Brand TIER 4: Non-Preferred TIER 5: Specialty Tier	\$0 copay \$0 copay 25% of the cost 25% of the cost 25% of the cost	\$0 copay \$0 copay 25% of the cost 25% of the cost 25% of the cost	\$0 copay \$0 copay Tiers 3 - 5 \$0, \$1.45, \$4.15 or 15% for generic drugs ⁴ \$0, \$4.30, \$10.35 or 15% for brand drugs ⁴ \$0 copay
TIER 6: Select Care	\$0 copay	\$0 copay	\$0 copay

ADDITIONAL BENEFITS & SERVICES ¹	CENTRAL HEALTH FOCUS PLAN (HMO-CSNP) 006	CENTRAL HEALTH PREMIER PLAN I (HMO) 20-1	CENTRAL HEALTH PREMIER PLAN II (HMO) 20-2
Routine Eye Exam	\$0 copay	\$0 copay	\$0 copay
Eyewear Allowance	up to \$150 each year	up to \$300 each year	up to \$300 each year
Preventive and Comprehensive Dental ³ (e.g. oral exam, x-rays, cleanings, dentures, implants)	Covered See EOC for details	Covered See EOC for details	Covered See EOC for details
Hearing Aid	\$2,000 allowance every year	\$2,000 allowance every year	\$3,000 allowance each year
Transportation	\$0 copay for 48 one way trips to approved locations ⁶	\$0 copay for 48 one way trips to approved locations ⁶	\$0 copay for 48 one way trips to approved locations ⁶
Over-The-Counter (OTC) Items	Covered under ‘CHP Flex Card’	Covered under ‘CHP Flex Card’	Covered under ‘CHP Flex Card’
Routine Acupuncture	Unlimited treatments	Unlimited treatments	Unlimited treatments
WELLNESS PROGRAMS ¹	CENTRAL HEALTH FOCUS PLAN (HMO-CSNP) 006	CENTRAL HEALTH PREMIER PLAN I (HMO) 20-1	CENTRAL HEALTH PREMIER PLAN II (HMO) 20-2
Gym Membership – SilverSneakers	\$0 copay	\$0 copay	\$0 copay
Healthy Foods Allowance	Up to \$25/mo for healthy foods for members with qualifying conditions	Up to \$25/mo for healthy foods for members with qualifying conditions	Up to \$25/mo for healthy foods for members with qualifying conditions
Meals	\$0 copay 2 meals/day for 14 days, 4 times/year for those who qualify	\$0 copay 2 meals/day for 14 days, 4 times/year for those who qualify	\$0 copay 2 meals/day for 14 days, 4 times/year for those who qualify
Telehealth	\$0 copay	\$0 copay	\$0 copay
24/7 Nurse Advice Line	\$0 copay	\$0 copay	\$0 copay
Personal Emergency Response System (PERS)	\$0 copay	\$0 copay	\$0 copay
CHP Flex Card	\$300 every 3 months Covers fitness, OTC and Herbal catalog	\$325 every 3 months Covers fitness, OTC and Herbal catalog	\$425 every 3 months Covers fitness, OTC and Herbal catalog

¹ Services may require authorization and/or a referral.

² Copayment waived if admitted to the hospital or readmitted to the ER within 72 hours.

³ Limitations may apply. See your EOC for details. Up to a \$4,000 maximum each year.

⁴ Depending on your level of Extra Help that you receive.

⁵ Your costs may be more if your Medi-Cal does not cover cost-sharing for Medicare covered services.

⁶ 50-mile limit to plan-approved locations