



**Find the plan
that's right
for you**

Discover the Benefits of a Central Health Medicare Plan

Central Health Medicare Plan (HMO) 001

This plan is a good choice for anyone who doesn't qualify for Medi-Cal or a Special Needs Plan. This plan reduces the cost of prescription drugs while adding additional services and benefits.

Central Health Focus Plan (HMO C-SNP) 006

This plan is a good choice for anyone with diagnosis of Cardiovascular Disease, Congestive Heart Failure, or Diabetes that doesn't qualify for Medi-Cal. This plan reduces the cost of prescription drugs while adding additional services and benefits.

Central Health Savings Plan (HMO) 019

This plan is a good choice for anyone who doesn't qualify for Medi-Cal or a Special Needs Plan. This plan reduces the cost of prescription drugs while adding additional services and benefits.

Central Health Premier Plan II (HMO) 21-2

This plan is a good choice for individuals who receive some level of Medi-Cal coverage or Extra Help.

Central Health Medicare Plan is an HMO/HMO SNP plan with a Medicare contract. Enrollment in Central Health Medicare Plan depends on contract renewal.

Contact Us



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



Visit Our Website
centralhealthplan.com



Hours of Operation
8 a.m.–8 p.m., 7 days a week



Address
2400 E. Katella Ave., Suite 1100
Anaheim, CA 92806






**Benefit
Highlights**
Southern California
Los Angeles
2024


Central Health
Medicare Plan
(HMO) 001
LA, SB, RS, OC

Central Health
Focus Plan
(HMO C-SNP) 006
LA, SB, OC

Central Health
Savings Plan
(HMO) 019
LA, SB, RS, OC

Central Health
Premier Plan II
(HMO) 21-2
LA

 PLAN DETAILS	CENTRAL HEALTH MEDICARE PLAN (HMO) 001	CENTRAL HEALTH FOCUS PLAN (HMO C-SNP) 006	CENTRAL HEALTH SAVINGS PLAN (HMO) 019	CENTRAL HEALTH PREMIERE PLAN II (HMO) 21-2
Monthly Plan Premium	\$0	\$0	\$0	\$41 ⁵
Part B Rebate	\$0	\$35	\$120	\$0
Deductible	None	None	None	None
Maximum Out-of-Pocket (MOOP)	\$1,100	\$1,800	\$2,900	\$1,199
 COMPREHENSIVE CARE	PLAN 001	PLAN 006	PLAN 019	PLAN 21-2
Primary Care Providers	\$0	\$0	\$0	\$0
Specialists ²	\$0	\$0	\$10	\$0
Urgent Care	\$0	\$0	\$0	\$0
Diagnostic Tests & Procedures ²	\$0	\$0	\$0	\$0
Lab Services ²	\$0	\$0	\$0	\$0
MRI, CAT Scans ²	\$0	\$0-\$75	\$0-\$75	\$0
X-rays ²	\$0	\$0	\$0	\$0
Physical Therapy ²	\$0	\$0	\$10	\$0
 HOSPITAL & EMERGENCY CARE	PLAN 001	PLAN 006	PLAN 019	PLAN 21-2 ¹
Inpatient Hospital ²	\$0	\$0	\$150 (per day, days 1-5) \$0 (per day, days 6-90)	\$50 (per day, days 1-6) \$0 (per day, days 7-90)
Outpatient Hospital ²	\$0	\$0	\$0-\$225	\$0-\$150
Emergency Care ³	\$0-\$135	\$0-\$125	\$0-\$135	\$0-\$100
Ambulance (Ground) ²	\$0-\$100	\$0-\$100	\$0-\$150	\$0-\$150

 PRESCRIPTION DRUG COVERAGE	CENTRAL HEALTH MEDICARE PLAN (HMO) 001	CENTRAL HEALTH FOCUS PLAN (HMO C-SNP) 006	CENTRAL HEALTH SAVINGS PLAN (HMO) 019	CENTRAL HEALTH PREMIERE PLAN II (HMO) 21-2
Part D Deductible (TIERS 2-5)	No Deductible	No Deductible	No Deductible	\$0
Initial Coverage You are in the Initial Coverage stage until you reach \$5,030 in drug costs (year to date). Central Health Plan Contracted Retail Pharmacy (1-month/30-day Supply)				
TIER 1: Preferred Generic	\$0	\$0	\$0	\$0
TIER 2: Generic	\$0	\$0	\$0	\$0
TIER 3: Preferred Brand	\$35	\$35	\$47	\$35 ⁵
TIER 4: Non-Preferred	\$75	\$75	\$100	\$75 ⁵
TIER 5: Specialty Tier	33%	33%	33%	33% ⁵
TIER 6: Select Care	\$0	\$0	\$0	\$0
Coverage Gap You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$8,000.				
TIER 1: Preferred Generic	\$0	\$0	\$0	\$0
TIER 2: Generic	\$0	\$0	25%	\$0
TIER 3: Preferred Brand	25%	25%	25%	25% ⁵
TIER 4: Non-Preferred	25%	25%	25%	25% ⁵
TIER 5: Specialty Tier	25%	25%	25%	25% ⁵
TIER 6: Select Care	\$0	\$0	\$0	\$0

¹ Limitations may apply. Not all members qualify.




² Services may require authorization and/or a referral.

³ Copayment waived if admitted to the hospital or readmitted to the ER within 72 hours.

⁴ Limitations may apply. See your EOC for details.

⁵ Could be less depending on the Extra Help you receive.



 ADDITIONAL BENEFITS & SERVICES	CENTRAL HEALTH MEDICARE PLAN (HMO) 001	CENTRAL HEALTH FOCUS PLAN (HMO C-SNP) 006	CENTRAL HEALTH SAVINGS PLAN (HMO) 019	CENTRAL HEALTH PREMIERE PLAN II (HMO) 21-2
Routine Eye Exam ²	\$0	\$0	\$0	\$0
Eyewear Allowance ^{2,4}	\$300 every year; all vision materials covered	\$150 every year; all vision materials covered	\$150 every year; all vision materials covered	\$300 every year; all vision materials covered
Preventive Dental ⁴ (e.g., oral exam, X-rays, cleanings)	\$0-\$41	\$0-\$41	\$0-\$41	\$0-\$41
Hearing Aid ²	\$2,000 allowance	\$2,000 allowance	\$699 - \$999 copay; 2 hearing aids per year	\$3,000 allowance
Transportation ²	\$0 for 24 one-way trips to plan-approved locations (up to 50-mile limit)	\$0 for 24 one-way trips to plan-approved locations (up to 50-mile limit)	\$0 for 24 one-way trips to plan-approved locations (up to 50-mile limit)	\$0 for 48 one-way trips to plan-approved locations (up to 50-mile limit)
Acupuncture ²	\$0 (unlimited treatments)	\$0 (unlimited treatments)	\$0 (unlimited treatments)	\$0 (unlimited treatments)
 WELLNESS PROGRAMS	PLAN 001	PLAN 006	PLAN 019	PLAN 21-2
Gym Membership – SilverSneakers ²	\$0	\$0	\$0	\$0
Healthy Foods Allowance ⁴	Up to \$25/mo for healthy foods	Up to \$25/mo for healthy foods	Not covered	Up to \$25/mo for healthy foods
Made Easy Meals ^{1,2}	\$0 2 meals/day for 14 days, 4 times/year	\$0 2 meals/day for 14 days, 4 times/year	Not covered	\$0 2 meals/day for 14 days, 4 times/year
Telehealth	\$0	\$0	\$0	\$0
Personal Emergency Response System (PERS) ²	\$0	\$0	\$0	\$0
 CHP FLEX CARD	PLAN 001	PLAN 006	PLAN 019	PLAN 21-2
OTC	\$50 every month includes herbal catalog	\$46 every month includes herbal catalog	\$40 every month includes herbal catalog	\$50 every month includes herbal catalog
Fitness Allowance	\$40 every month	N/A	\$20 every month	\$20 every month
Dental Allowance	N/A	N/A	N/A	\$165 every 6 months