



# Resource Guide 2023

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Your Health is **Central**  
to Everything We Do!



# Welcome to Central Health Medicare Plan

From the beginning, at Central Health Medicare Plan we've made it our mission to provide you with healthcare that is simple to use and easy to get. It starts with our unique approach to help our members address their healthcare needs. Our model of care is designed to support our members and their caregivers by helping them connect closely to their Primary Care Providers.

Central Health Medicare Plan's comprehensive benefit program is designed to address each member's unique healthcare needs. We offer programs for those with Medicare and/or Medi-Cal, as well as for people with ongoing medical conditions like diabetes, Cardiovascular Disorder, Chronic Heart Failure and or Diabetes. Our approach is personalized to help our members stay healthy and independent.

Central Health Medicare Plan has a team of caring healthcare professionals who are dedicated to improving the overall well-being of each member. They are empowered to make your experience so good you will indeed feel good about your healthcare.

We invite you to learn more about our plans, and look forward to welcoming you.

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# Member Services

**We are here to help you.**

To get a complete list of services we cover, please access your “Evidence of Coverage” (EOC) at [centralhealthplan.com/Materials/EOC](http://centralhealthplan.com/Materials/EOC) or call our Member Services Department to request a copy. The benefit information provided does not list every service that we cover or list every limitation or exclusion.



## Call Toll-Free

1-866-314-2427, TTY 711



## Visit Our Website

[centralhealthplan.com](http://centralhealthplan.com)



## Hours of Operation

8 AM to 8 PM, 7 days a week



## Address

Central Health Medicare Plan  
Attn: Member Services Department  
PO Box 14244  
Orange, CA 92863



# Your Central Health Medicare Plan ID Card

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It is important to bring and show your ID Card to all your health-related appointments. If you have Medi-Cal (white and blue card), please bring this with you as well.


If you did not receive your ID Card please call our Member Services Department at 1-866-314-2427, TTY 711. Give us your new mailing address each time you move so we know we are sending your ID Card to the right address.

**!** Call two (2) days in advance, when possible, and make sure to schedule a round-trip.

Schedule medical transportation (non-urgent) if you're in need of a special type of transportation. If you are bed-bound, wheelchair bound and/or need gurney transportation, use this service for transportation for specialty services, therapy services, and urgent care.

You pay a \$0 copay for 48 one-way trips every year, limited to plan-approved locations (up to 50 miles) for member to receive healthcare services from network providers.


PLAN: 020001



**NAME:** JANE DOE  
**ID:** 1234567\*01  
**Eff. Date:** 01/01/2023  
**PCP:** SMITH, MD JCH  
**GRP/IPA:** BEST HEALTH MEDICAL GROUP  
**Copay:** PCP: \$0 ER: \$0 HOSP: \$0

**PH:** (866) 314-2427  
**PH:** (866) 314-2427

Prescription Drug Plan  
**RX GROUP:** UNV03 **Issuer:** (80840)  
**RX BIN:** UNV03 **PCN:** ASPROD1



**If you believe you have a medical or psychiatric emergency, call 911 or go to the nearest hospital.** If you receive emergency care in a non-Plan hospital, please call us at **1-866-314-2427** as soon as your condition is stabilized so that we can access your medical information to discuss your case with the treating physician. Your call to obtain authorization for post-stabilization care may also help protect you from financial responsibility.

For questions or concerns, call Central Health Medicare Plan Member Services Department at **1-866-314-2427** or **711** from 8:00am - 8:00pm, seven days a week.

**Claims Submission Portion**  
 Attention: Claims Department  
 <PAYOR\_NAME>  
 <PAYOR\_ADDRESS1>  
 <PAYOR\_ADDRESS2>  
 <PAYOR\_CITY> <PAYOR\_STATE>  
 <PAYOR\_ZIP>  
 <PAYOR\_PHONE>  
 <PAYOR\_TTY>  
 centralhealthplan.com

**For Pharmacy Claims Submission:**  
 Help Desk: 1-877-657-2498  
 TTY: 1-800-899-2114  
 Express Scripts  
 Attn: Medicare Part D  
 PO Box 14718  
 Lexington, KY 40512-4718  
 Fax: 1-608-741-5483

# Rewards+ Program

## Taking Care Of Yourself Can Be Rewarding!



As a Central Health Medicare Plan member, you are eligible to earn valuable rewards just for taking healthy actions – like completing your member Passport or getting annual wellness check with your Primary Care Provider (PCP).

**Step 1:** Schedule a visit with your PCP and complete the health screenings you are due to finish this year.

**Step 2:** While at your appointment, review the test and screenings with your PCP. Complete the preventive health tests before **December 31** to earn your reward(s). Your screenings need to take place after the start of your plan year in order to qualify.

**Step 3:** Once we receive the completed screenings from your doctor, we will load your Rewards+ Card, with the reward(s) amount (60-90 days from the date completed).

Once you receive your Rewards+ Card, activate your card to use your reward amounts. As you complete more activities, we'll add your reward funds to your card within 60-90 business days from completion date. Use your rewards dollars on a wide variety of products at any of the eligible retailers. We will keep adding rewards as you earn them all year, so hold onto your card!

### Your Rewards+ Card is valid at the following types of retailers:

- Grocery stores, supermarkets
- Convenience stores, markets, specialty stores, and vending machines
- Bakeries, eating places and restaurants (except for fast food restaurants and bars)\*
- Electronics sales
- Household appliance stores
- Hardware, lawn, and garden supply stores
- Gas stations

\* Please note your Rewards+ Card cannot be used at wholesale clubs, discount retailers, or drugstores/ pharmacies, fast food restaurants, and provider offices.

# Rewards+ Program Incentives

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## Earn your rewards

Earning your Rewards is much easier than you might imagine. In fact, many of your Rewards are based on the healthy actions you already take on every year.

### Examples include:

- ✓ **Passport to a Healthy You (Passport)**  
Central Health will mail the Passport to members in the Summer. The Passport provides you with the information regarding important health screenings that you might need, and questions that you should discuss with your PCP. Please review and answer the questions in the Passport first. Then schedule an appointment with your PCP for your annual wellness visit and go over the Passport together.
- ✓ **Health Risk Assessment (HRA)**  
This activity is available to members in the Special Need Plans (SNP). Complete and mail the initial HRA form included in your Welcome Kit. If you need help completing the form, please call Member Services. Central Health staff will also call you to complete your annual HRA. This will be followed by a call from one of our nurses to discuss your care plan.

Talk to your PCP to see which health screenings or tests you need. Complete them after the start of your plan year and before December 31 to earn your rewards.

Not all members will qualify for all rewards. Qualification for screenings and tests are at the discretion of your provider.



# Healthy Foods Benefit

Qualifying members with an eligible chronic condition are automatically enrolled in our special Healthy Foods benefit. As part of the program, you will receive a benefits prepaid card loaded with your healthy foods benefit allowance. You can use your card to purchase healthy food items to help you maintain a well-balanced diet.



## Helpful Tips

**Keep your card:** As long as you remain enrolled in a qualifying plan, we'll continue to reload your allowance.

**Check your balance:** To check your balance, please visit [CentralHealthPlan.NationsBenefits.com](http://CentralHealthPlan.NationsBenefits.com) or call **1-866-876-8637, TTY 711**.

**Use your allowance:** We encourage you to spend your full allowance before the end of your benefit period. Unused amounts do not rollover.

## How do I activate my card?

You have three easy ways to activate your card:



Scan the QR code using your mobile device



Visit [CentralHealthPlan.NationsBenefits.com/Activate](http://CentralHealthPlan.NationsBenefits.com/Activate)



Call **1-877-205-8005 , TTY 711** to speak with a Member Experience Advisor

**Please note:** You'll need to activate your card before you can use it.

## Healthy Foods Benefit *continued*

### How can I purchase eligible healthy food items?

You have four convenient ways to purchase eligible grocery items.



#### Online

Log in to your secure online account on the MyBenefits website to place your order through our trusted partner NationsBenefits. Visit **CentralHealthPlan.NationsBenefits.com** to get started.



#### Mobile App

Scan this QR code to download the MyBenefits app. Once you download the app, you'll be able to place an order from your mobile device.



#### Phone

Call **1-866-876-8637, TTY 711** to place an order with a Member Experience Advisor.



#### In person

Call **1-866-876-8637, TTY 711** to find participating stores near you. You'll be able to swipe your card at the checkout to pay for your items.

### How can I check how much I have available to spend?

You have three easy ways to check how much you have available to spend:

#### Through the MyBenefits portal



Scan this code with your smartphone camera or search "MyBenefits" in the App Store or Google Play.



#### On the website

Visit **CentralHealthPlan.NationsBenefits.com**



#### By phone

Call **1-866-876-8637, TTY 711** to speak with a Member Experience Advisor. Member Experience Advisors are available 24 hours a day, 7 days a week, 365 days a year.

### What happens if I go over the amount I have left to spend on my card?

If your purchase amount is more than the amount you have left to spend on your card, you will need to pay the rest with another form of payment.

### What if my card is lost or stolen?

If your card is lost or stolen, call **1-866-876-8637, TTY 711** as soon as possible. Member Experience Advisors are available 24 hours a day, 7 days a week, 365 days a year. Language support services are available at no cost to you.

This card cannot be used to pay for prescription drugs or products that are not eligible. Ineligible products include alcohol, tobacco, and gift cards. If members would like to buy items that are not eligible, they will need to use another form of payment. ©2022 NationsBenefits, LLC. All rights reserved. NationsBenefits is a registered trademark of NationsBenefits, LLC. Other marks are the property of their respective owners.

# Your Annual Wellness Exam



We want to help you feel good and maintain your health goals. The key to being healthy is prevention. Prevention starts with your yearly check-up. Your yearly check-up is also known as your Annual Wellness Exam. During this exam, your Primary Care Provider (PCP) will give you a thorough health check-up through tests and screenings that are unique to your healthcare needs.

As part of your Annual Wellness Exam there will be an assessment of your physical and emotional well-being and lab test.

We will mail you a letter as a reminder for your Annual Wellness Exam.

# 24/7 Doctor Advice Line

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Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. Set up your account today so when you need care now, a Teladoc doctor is just a call or click away.

## 1. Set Up Your Account

### Online:

Go to [Teladoc.com](https://teladoc.com) and click “set up account”.

**Teladoc.com**

### Mobile app:

Download the app and click “Activate account”.

**Teladoc.com/mobile**

### Call Teladoc:

Teladoc can help you register your account over the phone.

**1-800-Teladoc (835-2362)**

**2. Provide Medical History** - Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

**3. Request A Consult** - Once your account is set up, request a consult anytime you need care and talk to a doctor by phone, web or mobile app.

**Teladoc** doctors can diagnose and treat many non-emergency medical conditions.

Talk to a doctor anytime for **free!**

# Urgently Needed Services and Emergency Room

## Primary vs. Urgent Care

Knowing the right time to visit the right kind of provider is an important part of getting the best care and results in each situation.

### Primary Care Provider (PCP)

Checkups & Immunizations  
Preventive Care & Screenings  
Sudden Illness (like sore throat or rash)

### Urgent Care

Sprains or Minor Accidents  
Minor Infections  
When you're unable to see your PCP

### Emergency Room

Major Accidents  
Difficulty Breathing  
Chest Pain

You **do not** need to visit an in-network Emergency Room or receive an authorization for emergency care.

## Urgently Needed Services And Emergency Room

	Urgent Care	Emergency Room
<b>Cost</b>	There is <b>no cost</b> for urgent care services when you use an urgent care center contracted with Central Health Medicare Plan.	Your emergency services are covered and there may be a copay for your visit. You may also have a copay for ambulance services.
<b>Which option is best?</b>	Urgent care is used for injuries or illness that require immediate care that are not life-threatening.	Emergency room visits are for urgent life-threatening emergencies.
<b>Things to consider</b>	Urgent care may save you time and money: <ul style="list-style-type: none"> <li>• If you are away from home and need medical care, urgent care may be a good option.</li> <li>• If you have chest pain go to the Emergency room.</li> </ul>	If your condition is not life-threatening, please consider urgent care as an option instead of waiting in the Emergency room.

# Personal Care Plan

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Your Care Team can help you reach your personal health goals and obtain services needed to maintain or improve your health.

## Examples:

- “**Testing**”– Diabetes monitoring supplies, including Continuous Glucose Monitors (CGMs), are available to members at any ESI network retail pharmacy. Central Health Medicare Plan’s preferred Abbott meters include Freestyle and Precision Xtra and preferred CGMs include Freestyle Libre and Dexcom.
- “**Exercise**”– Member’s Care Plan may include a gym membership.
- “**Nutrition**”– Member’s Care Plan may include discounted weight management plans such as, the Made Easy Meals program, education on low fat and refined carbohydrate meal options, etc.

**Contact Member Services Department to start your individualized healthcare plan today!**

# Comprehensive Care Management Programs

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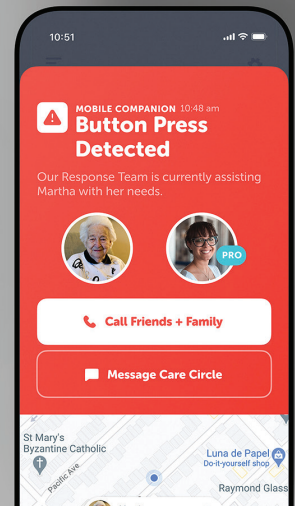
Our Comprehensive Care Management Programs include state-of-the-art home medical telemedical services for monitoring health improvements. Home monitoring equipment includes scales, blood pressure cuffs, pulse oximetry, and a Glucose monitor. Medical support and telemedicine options are available. This allows medical professionals to monitor your health quickly and efficiently. If you have any of these conditions and are interested in participating in one or more of these programs, contact our Member Services Department.

There is **no cost** to you.

## The Comprehensive Care Management Programs Include:

- Diabetes
- Hypertension Control
- Chronic Kidney Disease
- Incontinence
- Congestive Heart Failure (CHF)
- Cardiovascular Disease
- Fall Prevention
- Chronic Obstructive Pulmonary Disease (COPD)
- Support for individuals with major depression, bipolar disorder, schizophrenia, and/or schizoaffective disorder

# Personal Emergency Response System (PERS)



## Personal Emergency Response System (PERS)

Staying safe and feeling secure wherever you are can become a little more difficult as we age, especially when we're dealing with health issues. That's why Central Health Medicare Plan has partnered with Aloe Care Health to provide our members with what might be "the world's most advanced medical alert system" – at no cost to you.

### The Mobile Companion

Created to work in concert with the Aloe Care Health smartphone app, your Mobile Companion is an accessory device that helps independent adults balance freedom and safety connecting you to everyone in your Care Circle – including doctors, nurses, family and friends. In fact, the app allows you to add as many people to your Care Circle as you like!



# Personal Emergency Response System (PERS) *continued*

## Location detection

Offers peace-of-mind to caregivers and allows prompt care to arrive wherever needed.

## Multi-sensory feedback

The combination of sight, sound, and vibration feedback covers a variety of needs.

## Wearable fall detection

The internal accelerometer can detect falls and prompt users with assistance.

## 24/7 Emergency response

From the Aloe Care Health five-star professional monitoring team.

## Water resistance

Can be worn in the shower but should not be submerged.

## Tech compatibility

Your Mobile Companion is specially engineered so it won't interfere with pacemakers.

## Ease of use

Smaller than a credit card, it can be worn on a lanyard or carried in-hand.

## The Smartphone App

The Aloe Care Health mobile app is available thru Google Play and the Apple App Store at no cost to you. If you already have this app on your phone, adding the Mobile Companion is easy.

These special services are provided to you at **no additional cost.**

### Getting Started

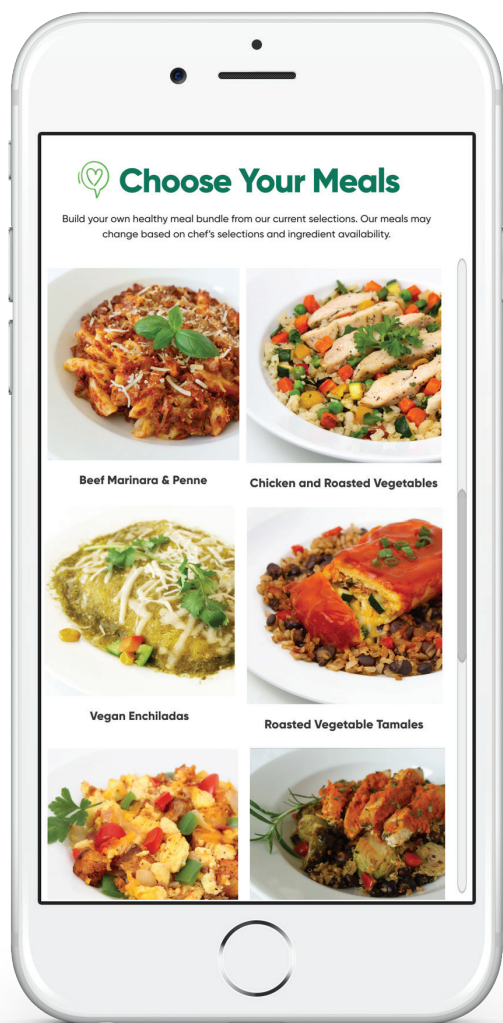
Contact your Central Health Medicare Plan or the Aloe Care Health Member Services Department to acquire your Mobile Companion and start enjoying the security you deserve.

**1-844-583-0813, TTY 711**

Monday – Friday, 6 am – 6 pm and Saturday – Sunday, 7 am – 4 pm

# Made Easy Meals

Fully prepared, nutritious meals delivered to you! Central Health Medicare Plan has partnered with the experts at Healthrageous to provide eligible Medicare Advantage members with special Made Easy Meals at no cost! Included with select Medicare Advantage plans\*.



### The healthy eating program includes:

- Healthy, ready to heat-and-eat meals that are aligned to your dietary needs and personal taste, delivered directly to your home.
- A digital concierge that guides you through daily living and helps you manage your health.
- The Healthy Eating Score - a short quiz that assesses your current eating habits. You get your score and a personalized meal plan in minutes.

### Three easy options to enroll:

- Visit [MadeEasyMeals.com/CHPEnroll](http://MadeEasyMeals.com/CHPEnroll)
- Text the word START to 88106
- Call Healthrageous at (855) 868-8655

**Purchasing meals** If your Central Health Medicare Plan doesn't include free meals or you exhausted your benefit, you can self-purchase Made Easy Meals at an attractive retail price year round at [MadeEasyMeals.com](http://MadeEasyMeals.com). Purchasing meals is not a plan benefit.

\*Not eligible for members enrolled in Central Health Ventura Medicare Plan (HMO) 008, Central Health Ventura Medi-Medi Plan (HMO D-SNP) 009, Central Health San Mateo Medicare Plan (HMO) 018, and Central Health Savings Plan (HMO) 019.

Message and data rates may apply according to your carrier text and data plans. At any time, you can text STOP to end messages or text HELP for assistance.

# Transition of Care (TOC) Program

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The Transition of Care (TOC) program aims to assist members with smooth and seamless transitions from one care setting to another, such as admission to or discharge from a hospital, Skilled Nursing Facility, rehabilitation center or home health environment.

A representative from Central Health Medicare Plan will reach out to you to assist you with your transition within 1 week making sure that when you are ready to go home you are prepared. If you are admitted unexpectedly, make sure you, your caregiver or a loved one contacts us to ensure you have the care you need before you go home.

## Home Health / Nurse Visits

There may be times when your doctor will ask a nurse to come to your house and provide care for you. When these services are necessary, we will cover the cost. The nurses will be from a licensed home health agency or employed by Central Health Medicare Plan.

## Hospital Services

You are covered for hospital services. Services include inpatient admission, outpatient surgery, emergency room, and other hospital coverage. Whenever you're being admitted to the hospital, it is important that we are informed. We will make sure the right doctor is there to care for you. We will work with the emergency room and the hospital doctors to make your visit as effective as possible.

Our nurses are here to help you obtain all services you need to have a successful recovery at home from the hospital.

Your nurse will talk to you about what to expect when you get home and will explain when and who to call if you need help. They will make sure you have all your follow-up appointments and will help you understand and obtain the medications you may need.

For more information about any required copayments for hospitalization, please refer to your Evidence of Coverage or call the Member Services Department.

## Transition of Care (TOC) Program *continued*

### Skilled Nursing Care

Sometimes after being admitted to the hospital you may need to receive care prior to being discharged. If you do, you will be temporarily referred to a Skilled Nursing Facility (SNF) until you are able to go home.

Three (3) days prior to being sent home from the SNF, you will receive a letter about discharge. The letter will tell you what to do if you're not ready to leave the facility and want to stop the discharge. The SNF will help you fax your request for immediate review and a decision will be made by Medicare.

If you have full Medi-Cal (Medi-Medi) coverage, Medi-Cal will pay for any remaining charges or copayments that Medicare doesn't cover. Please refer to your Evidence of Coverage (EOC) for exact coverage or call the Member Services Department.

**Have a question? Need help? Call our Member Services team**

1-866-314-2427, TTY 711 from 8 am - 8 pm, 7 days a week

# Take Care of Your Teeth

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## DeltaCare DHMO

Stop decay before it starts. When you visit the dentist for regular cleanings and exams (covered at low or **no cost** under your dental plan), you'll cut your risk of cavities and help identify problems before they get painful and expensive.

## What is DeltaCare DHMO?

DeltaCare DHMO is a closed network product that features set copayments, no annual deductibles, and no maximums for covered benefits. Members will receive a plan booklet from DeltaCare DHMO with defined copayments for covered services. Members must select a primary care dentist in the DeltaCare DHMO network in order to receive treatment, as in a traditional HMO.

## How to contact DeltaCare DHMO?



### Call

1-855-370-3867, TTY 711



### Hours

Monday - Sunday, 8 am - 8 pm (October 1 - March 31)

Monday - Friday, 8 am - 8 pm (April 1 - September 30)



### Website

<https://www1.deltadentalins.com/medicare/centralhealth/dhmo.html>

Each member **must go to his or her assigned DeltaCare DHMO dentist to obtain covered services**, except for services provided by a specialist preauthorized in writing by DeltaCare DHMO, or for emergency services as provided in Emergency Services. Any other treatment is not covered under this program.

# Vision Services



POWERED BY



## Brilliant Vision and a healthy lifestyle...easy as 1, 2, 3!

- 1 Select a vision care provider
- 2 Make your appointment
- 3 Tell your provider your coverage is with EyeMed®

Your vision plan provides a **no cost vision examination** along with a **no cost retinal screening every year**. Vision benefits also include a new frame with standard lenses or cosmetic contact lenses.<sup>1</sup>

## Vision Services *continued*

You're on EyeMed's Insight network, so you've got choices—lots of them. Be it an independent eye doctor, popular retailer or online option, you get the latest in advanced vision technology to see even the slightest vision issue. The EyeMed network has over 12,000 in-network access points in Central Health Medicare Plan's service area to choose from including the following popular retail chains:

INDEPENDENT  
PROVIDER  
NETWORK



LENSCRAFTERS

PEARLE  
EST. 1961  
VISION

OPTICAL

**COSTCO**  
WHOLESALE

sam's club

Walmart

### Members can also use their benefit online at:

- [lenscrafters.com](https://lenscrafters.com)
- [targetoptical.com](https://targetoptical.com)
- [ray-ban.com](https://ray-ban.com)
- [glasses.com](https://glasses.com)
- [contactsdirect.com](https://contactsdirect.com)



You can use one provider for both your exam and eyewear **OR** you can receive your exam from one provider and your materials from another provider. **The choice is yours!**



#### Call

1-888-872-0473, TTY 711



#### Hours

Monday - Saturday, 5 am - 8 pm, Sunday, 8 am - 5 pm



#### Website

[member.eyemedvisioncare.com/centralhealth](https://member.eyemedvisioncare.com/centralhealth)

<sup>1</sup>You get an additional discount on tints, coatings and other add-on charges to standard lenses. 40% off additional pairs of glasses, 20% off any remaining balance over the frame allowance, 15% off any balance over the conventional contact lens allowance and 20% off any item not covered by the benefit. Not available at warehouse or wholesale locations.

# Acupuncture



Central Health Medicare Plan contracts with American Specialty Health Plans of California, Inc. (ASH Plans) to provide you with supplemental Acupuncture services.<sup>1</sup>

To find an acupuncturist in your area, please visit [centralhealthplan.com/NetworkProviders/Directory](https://centralhealthplan.com/NetworkProviders/Directory). When arriving to your appointment, show your Central Health Medicare Plan ID Card to verify your enrollment with us.

**Have a question? Need help? Call our Member Services team**

1-866-314-2427, TTY 711 from 8 am - 8 pm, 7 days a week

<sup>1</sup>Supplemental Acupuncture Services benefit is not covered for the following plan: Central Health Ventura Medi-Medi Plan (HMO D-SNP) 009

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# Hearing Coverage

Why miss out on life’s most precious moments because of hearing loss? Many wait too long to seek help, but you don’t have to.

## nations hearing

Central Health Medicare Plan has partnered with NationsHearing® to provide you with a \$0 copay on hearing aid exams and other health benefits.

### Convenient ways to take your hearing test:



Call **1-866-876-8637, TTY 711**, to speak with a Member Experience Advisor who will schedule your hearing test with a local hearing aid provider.



Visit **CentralHealthPlan.NationsBenefits.com/Hearing** to access your online hearing test

### Comprehensive Hearing Benefit Includes



#### State-of-the-art technology

- Enjoy natural, lifelike sound in virtually all listening situations
- Designed for comfort and convenience
- Hearing Hunt Game



#### Personalized Care

- Three follow-up visits to ensure your complete satisfaction<sup>1</sup>
- Quality care from a hearing aid provider in your area
- 24/7/365 access to a dedicated team of Member Experience Advisors



#### Help Along Your Way

- A worry-free purchase with a 60-day trial and 100% money-back guarantee
- Three years of batteries included<sup>2</sup>
- Three-year manufacturer’s warranty

## Hearing Coverage *continued*



### Hearing Hunt Gamification

The game uses multi-themed display with sound clues that ask you to listen and find hidden words while earning rewards and receiving healthy hearing tips. The auditory experience is especially helpful when paired with Bluetooth® hearing aids. **Download today!**



### Getting Started

Call **1-866-876-8637**, TTY 711 or visit

**[CentralHealthPlan.NationsBenefits.com/Hearing](https://CentralHealthPlan.NationsBenefits.com/Hearing)**

Member Experience Advisors are available 24 hours per day, 7 days per week, 365 days per year. Language support services are available free of charge.

Benefits vary by plan. Please consult your Evidence of Coverage for full program details.

<sup>1</sup>Within the first year of fitting date.

<sup>2</sup>Not applicable to the purchase of rechargeable hearing aid models.

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# Fitness Membership

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## With SilverSneakers®, You're Free to Move

SilverSneakers® is more than a fitness program. It's an opportunity to improve your health, gain confidence and connect with your community. And, it's included with Central Health Medicare Plan plans at **no additional cost**. Whether you play tennis, swim laps, lift weights, visit the gym, or take live classes from home, SilverSneakers has you covered. Movement and exercise are essential to your health, and SilverSneakers supports you in any way you decide to move:

### At home or on the go

- SilverSneakers On-Demand™ fitness classes available 24/7
- SilverSneakers Live virtual classes and workshops throughout the week
- SilverSneakers GO™ mobile app with adjustable workout plans and more
- SilverSneakers FLEX® classes, walking groups and workshop at parks, community centers and more

### In participating fitness locations

- Thousands of participating locations<sup>1</sup> with various amenities
- Ability to enroll at multiple locations at any time
- SilverSneakers classes<sup>2</sup> designed for all levels and taught by instructors trained in senior fitness

### In your community

- Group activities and classes<sup>2</sup> offered outside the gym
- Events including shared meals, holiday celebrations and class socials

## Fitness Membership *continued*

### Get Started In 4 Easy Steps

- 1 Go to [SilverSneakers.com/StartHere](https://SilverSneakers.com/StartHere) to create an online account.
- 2 Log in to view your member ID number and take that to a participating location.
- 3 You can also enjoy virtual workouts online through your new account.
- 4 Start a healthy routine with the support you need!

Always talk to your doctor before starting an exercise program.

### Questions?

Visit [SilverSneakers.com](https://SilverSneakers.com) or call 1-888-423-4632, TTY 711  
Monday - Friday, 5 am - 5 pm.

<sup>1</sup>Participating locations (“PL”) not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

<sup>2</sup>Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer Members additional classes. Classes vary by location.

# Prescription Drug Coverage

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Your Central Health Medicare Plan Medicare Advantage plan provides comprehensive Part D coverage of prescription medications regardless of whether you have those prescriptions mailed to your provider's office, a retail pharmacy, by mail, specialty pharmacy or elsewhere.

Depending upon the specific medication you need, there may be a copay due upon receipt. But certain generic forms of your medication may require no copay at all. Please ask your primary care provider if generic equivalents may be right for you.

## Generic vs Brand Name Drugs

Generic medications have the exact same ingredients as the brand name drugs your care provider prescribes but are less expensive because you aren't paying for the "name." Remember to ask your pharmacy if there's an appropriate generic version of your brand name prescription.

## Save Money with Some Generics

Your plan includes \$0 copay for Common Prescriptions on Tier 1 and Tier 6 for conditions like high cholesterol, diabetes, and high blood pressure.



# Save Money, Time & Worry with Prescriptions by Mail



No more standing in line or driving all over town. You can even get up to 90 days of your maintenance prescriptions with one simple payment.

Central Health Medical Plan has partnered with Express Scripts to provide you with an easy, simple way to fill your medications by mail. Express Scripts offers custom delivery of your maintenance medications (those you take regularly for chronic or long-term conditions). They offer flexible payment options, a choice of how prescriptions are ordered, and let you decide where and when they're delivered.

## Spotlight Savings

### Tier 2, 3 & 4 Mail Order Discount

Pay for 2 months of a 90 day supply and get the rest of your prescription at no additional cost.

## Easy-to-Use Online Tools

- Order new prescriptions or transfer them from a pharmacy
- Refill mail-order drugs or renew expired mail prescriptions
- Review estimated copay amounts, order status, and track shipping
- Speak with a pharmacist who are available 24/7
- Review your list of mail-order drugs
- Manage account information

# Save Money, Time & Worry with Prescriptions by Mail *continued*

## Ordering Your First Prescription

Get started today at [express-scripts.com](https://express-scripts.com). Your one-time registration provides easy access to the website or mobile app (available through Google Play or the Apple App Store). If you choose standard shipping, you should receive your prescription within 3 to 5 days once shipped.

## Ways to Order

### Electronically

- Ask your doctor to send your prescription to Express Scripts electronically or via fax at 1-800-837-0959.
- Their pharmacy staff will call you to confirm delivery before processing your order.

### Online

- Sign in to [express-scripts.com](https://express-scripts.com) or download the Express Scripts mobile app.
- In your account, click on the “Request an Rx” button and follow the prompts.
- You will be able to view your eligible prescriptions and savings.

### By Phone

- Sign in to [express-scripts.com](https://express-scripts.com) or download the Express Scripts mobile app.
- In your account, click on the “Request an Rx” button and follow the prompts.
- You will be able to view your eligible prescriptions and savings.



### Call

Central Health Medicare Plan:  
1-877-657-2498, TTY 1-800-899-2114



### Hours

24 hours a day, 7 days a week.



### Website

[express-scripts.com](https://express-scripts.com)

# Over-the-Counter (OTC) Allowance



Your Central Health Medicare Plan includes a benefit allowance you can use for over-the-counter (OTC) items, fitness fees, and health and wellness items from our Herbal Catalog. Taking advantage of this unique benefit could help you save hundreds of dollars each year.

To order an additional catalog, please visit **CentralHealthPlan.nationsbenefits.com** or call **1-866-876-8637, TTY 711**.

## Ordering OTC Products Has Never Been Easier

You have five convenient ways to place an order. Choose the option that's best for you:



### Online

To place an order through the MyBenefits portal, visit:

**CentralHealthPlan.nationsbenefits.com**

If this is your first time placing an order online, you will need to create an account by registering on the **MyBenefits portal** or the **MyBenefits app**. If you already created an account, simply log in and select the items you would like to order. Once you're ready to place your order, click "Checkout."



### App

To place an order through the MyBenefits portal, search "MyBenefits" in the App Store or Google Play.





## Over-the-Counter (OTC) Allowance *continued*



### By Phone

To place an order by phone, please call **1-866-876-8637, TTY 711**. Member Experience Advisors are available 24 hours per day, 7 days per week, 365 days per year. Language support services are available free of charge.



### By Mail

To place an order by mail, send your completed order form using the postage-paid envelope to:

**NationsOTC®**  
**1801 NW 66th Avenue, Suite 100**  
**Plantation, FL 33313**



### In Stores

Use your Central Health Medicare Plan OTC Card to purchase non-prescription health and wellness products at thousands of participating retail stores, discount stores, and pharmacies.

### Examples of Eligible OTC Products

- Allergy, Cold, Flu, and Sinus
- Antacids and Acid Reducers
- Anti-Fungal & Anti-Itch
- Dental and Denture Care
- Ear Care
- Eye Care
- First-Aid & Medical Supplies
- Hemorrhoidal Preparations
- Incontinence Supplies
- Pain Relievers & Fever Reducers
- Therapeutic Skin and Sun Care
- Vitamins and Minerals

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# Other Ways to Save on Your Prescription Drugs



## Generic vs. Brand Name

Generic medications have the exact same ingredients as the brand name drugs, but you aren't paying for the "name." Always ask the pharmacy for generic instead of brand name.

## Extra Help With Medicare

You may qualify for Extra Help with your prescription drug costs. If you don't qualify for Medi-Cal but you have a limited income, you can apply for Extra Help from Medicare.

To apply, contact Social Security at **1-800-772-1213**, TTY **1-800-325-0778** or apply online at [ssa.gov/prescriptionhelp](https://ssa.gov/prescriptionhelp). If you qualify, Medicare will pay all or part of your Part D Premium\* and you will have lower copayments at the pharmacy.

**Have a question? Need help? Call our Member Services team**

**1-866-314-2427, TTY 711 from 8 am - 8 pm, 7 days a week**

# Medicare - Medi-Cal (Medi-Medi) Coverage



If you have both Medicare and Medi-Cal insurance, you are entitled to additional benefits paid by the state of California. Here are some descriptions of those benefits:

**Over-The-Counter (OTC) Medications:** Medi-Cal covers a few common Over-the-Counter medications such as aspirin. If your doctor writes a prescription these medications may be paid by Medi-Cal. These medications are not covered by your Medicare Part D program. Central Health Medicare Plan will cover your OTC medications as part of your additional benefits.

**Incontinence Supplies:** Central Health Medicare Plan covers your incontinence supplies, such as diapers, as part of your additional benefits. If you have Medi-Cal coverage, your doctor can provide you a prescription to receive these supplies. After receiving your prescription, your provider will fill your order and bill Medi-Cal. If you have any problems obtaining your incontinence supplies, please call us at Central Health Medicare Plan.

**Hearing Aids:** For selected plans your Medi-Cal coverage will pay for hearing aids up to \$1,510 if you meet the criteria that allows you to receive a hearing aid. Central Health Medicare Plan will cover your hearing aids as part of your additional benefits.

**Community Based Adult Services:** CBAS is a program that delivers specific services to members who have Medi-Cal. While obtaining these services your Central Health Medicare Plan nurse/care manager or your primary care provider (PCP) can assist you. Some of our services include social services, therapies, personal care, meals, transportation and skilled nursing care. This also provides training and support to families and/or caregivers.

**Additional State Resources:** For additional state resources contact California Department of Social Services (CDSS) at [Http://Cdss.ca.gov/Contact-Us](http://Cdss.ca.gov/Contact-Us).

## Medicare - Medi-Cal (Medi-Medi) Coverage *continued*

### Multipurpose Senior Services Program (MSSP)

This program provides Home and Community-Based Services (HCBS) to Medi-Cal eligible members who are 65 years and older who are disabled. This is an alternative to nursing facility placement. The MSSP waiver allows individuals to remain safe in their homes.

- Case Management
- Personal Care Services
- Respite Care (in-home and out-of-home)
- Protection Supervision
- Environmental Accessibility Adaptations
- Housing Assistance / Minor
- Home Repair, etc.
- Transportation
- Chore Services
- Personal Emergency Response System (PERS) / Communication Device
- Adult Day Care / Support Center / Healthcare
- Meal Services - Congregate / Home Delivered
- Social Reassurance / Therapeutic Counseling
- Money Management
- Communication Services
- Translation / Interpretation

### In-Home Support Services (IHSS)

The IHSS Program is for those with Medi-Cal. IHSS helps pay for services provided to low-income, blind or disabled individuals. This program is also suitable for children. It is considered an alternative to out-of-home care such as nursing homes, board and care facilities. The services provided in this program include accompaniment to medical appointments and protective supervision for the mentally impaired. Services authorized through IHSS include:

- House Cleaning
- Meal Preparation
- Laundry
- Grocery Shopping
- Personal Care Services (Such as Bowel and Bladder Care, Bathing, Grooming)

### Long-Term Care

If you meet the medical criteria to receive Long-Term Care in a nursing home, your Medi-Cal will cover these expenses. If needed, one of our nurses at Central Health Medicare Plan will assist you in obtaining this benefit.

# Your Right To Complain

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You have the right to submit a complaint about the quality of care you received and/or a reconsideration (appeal). If you don't believe you're receiving the services you're entitled to, or if you are being asked to pay more than what you believe, you can file a Grievance or an Appeal to Central Health Medicare Plan.

A Member Services representative will let you know if your statement can be taken by phone or in writing. As your plan we can help put the information together to get your request started.

## Timeframe For Complaints

You have sixty (60) calendar days from the date of the incident with which you were dissatisfied to file a complaint. We may extend your sixty (60) day limit depending on the cause.

The Appeals and Grievance Department will call you if there is more information needed for your case. Another letter and/or call will follow explaining the result of your case. For more information please contact the Member Services Department.

**Have a question? Need help? Call our Member Services team**

**1-866-314-2427, TTY 711 from 8 am - 8 pm, 7 days a week**

## Your Right To Complain *continued*

### For More Information



#### Call

1-866-314-2427, TTY 711



#### Hours

Year Round:  
8 am - 8 pm, 7 days a week



#### Email

[memberservices@centralhealthplan.com](mailto:memberservices@centralhealthplan.com)



#### Fax

1-626-388-2361



#### Address

Central Health Medicare Plan  
Attn: Appeals and  
Grievances Department  
PO Box 14244  
Orange, CA 92863

### You Have Options

If you have a complaint that involves the quality of care, you also have the option to file a complaint with Livanta. Livanta is an independent Quality Improvement Organization (QIO) in California and is contracted by the Centers for Medicare and Medicaid Services (CMS) to review quality of care complaints from Medicare beneficiaries.

### Medical Bills You Receive

Explanation of Benefits (EOB) - You'll receive an EOB monthly and it is NOT a bill. It is a summary of your medical and hospital, prescription drug claims and costs (like a statement). If you receive medical bills that you are not responsible for, immediately call our Member Services Department.

### Send Us Your Bill

You can mail your bill(s) to us with a request for payment to:

**Central Health Medicare Plan**  
**Attn: Member Services Department**  
**PO Box 14244**  
**Orange, CA 92863**

You can also fax or email your bill(s) with your request payment to:

**1-626-388-2361,**  
email address:  
**[memberservices@centralhealthplan.com](mailto:memberservices@centralhealthplan.com)**

# Directory & Helpful Contacts

To receive assistance from Central Health Medicare Plan and its contracted entities, please call the contacts below:



**CENTRAL HEALTH  
MEDICARE PLAN**

## **Member Services Department**

1-866-314-2427, TTY 711  
8 am - 8 pm, 7 days a week  
Web: [centralhealthplan.com](http://centralhealthplan.com)  
Fax: 1-626-388-2361  
Mail: Central Health Medicare Plan,  
PO Box 14244  
Orange, CA 92863



**American Specialty Health.**

## **American Specialty Health Plans of California, Inc. (ASH Plans)**

1-866-314-2427, TTY 711  
8 am - 8 pm, 7 days a week



**CENTRAL HEALTH  
MEDICARE PLAN**

## **Appeal & Grievances Department**

1-866-314-2427, TTY 711  
Fax: 1-626-388-2361  
8 am - 8 pm, 7 days a week  
Email: [memberservices@centralhealthplan.com](mailto:memberservices@centralhealthplan.com)

**nations** benefits

## **Healthy Foods Benefit**

For questions on where to spend your monthly allowance, call Central Health Medicare Plan Member Services Department at 1-866-314-2427, TTY 711  
8 am - 8 pm, 7 days a week

To check your balance anytime call 1-866-876-8637, TTY 711 or visit **[CentralHealthPlan.NationsBenefits.com](http://CentralHealthPlan.NationsBenefits.com)**.

**Healthrageous**  
*Healthy.* MADE EASY.

## **Made Easy Meals Program**

1-855-868-8655, TTY 711  
Monday - Friday, 8 am - 5 pm  
Web: [MadeEasyMeals.com/CHPEenroll](http://MadeEasyMeals.com/CHPEenroll)

## Directory & Helpful Contacts *continued*



### **Rewards+ Program**

For questions on where to spend your rewards call Central Health Medicare Plan Member Services Department at 1-866-314-2427, TTY 711  
8 am - 8 pm, 7 days a week

To check your balance anytime call 1-833-614-3258 or visit [CentralHealthPlan.nationsbenefits.com](http://CentralHealthPlan.nationsbenefits.com)



### **Delta Dental**

1-855-370-3867, TTY 711  
Monday – Friday, 5 am - 6 pm  
Web: <https://www1.deltadentalins.com/medicare/centralhealth/dhmo.html>



### **Fitness Memberships**

1-888-423-4632, TTY 711  
Monday – Friday, 5 am - 5 pm  
Web: [silversneakers.com](http://silversneakers.com)



### **Livanta**

Quality of Care – Option  
1-877-588-1123, TTY 1-855-887-6668  
Monday – Friday, 9 am - 5 pm  
Web: [livantaqio.com](http://livantaqio.com)

POWERED BY



### **Eyemed (Medical Eye Services)**

1-888-872-0473, TTY 711  
Monday - Saturday, 5 am - 8 pm and  
Sunday, 8 am - 5 pm  
Web: [member.eyemedvisioncare.com/centralhealth](http://member.eyemedvisioncare.com/centralhealth)



## Directory & Helpful Contacts *continued*



EXPRESS SCRIPTS®

### **Part D Prescription Drug Appeals**

Express Scripts

Phone: 1-877-657-2498, TTY: 1-800-899-2114

24 hours a day, 7 days a week

### **Admin Appeals:**

Express Scripts

Attn: Medicare Admin Appeals

PO Box 66587

St. Louis, MO 63166-6587

Fax: 1-877-852-4070

### **Clinical Appeals:**

Express Scripts

Attn: Medicare Appeals

P.O. Box 66588

St. Louis, MO 63166-6588

Fax: 1-877-328-9660

Web: [express-scripts.com](http://express-scripts.com)



SAFERIDE

### **Schedule Routing Transportation (To & From Doctor)**

1-855-932-5416

Monday – Friday, 8 am - 8 pm

### **Schedule Medical Transportation (Non-Urgent)**

1-855-932-5416

Monday – Friday, 8 am - 8 pm

## Directory & Helpful Contacts *continued*



### **Teladoc (24/7 Doctor Advice Line)**

1-800-835-2362, TTY 1-855-636-1578

24 hours a day, 7 days a week

Web: [teladoc.com](http://teladoc.com)



### **NationsHearing**

1-866-876-8637, TTY 711

24 hours a day, 7 days a week

Web: [CentralHealthPlan.NationsBenefits.com/Hearing](http://CentralHealthPlan.NationsBenefits.com/Hearing)



### **Urgent Care**

1-866-314-2427, TTY 711

Email: [memberservices@centralhealthplan.com](mailto:memberservices@centralhealthplan.com)

Web: [centralhealthplan.com/NetworkProviders/SearchFacility](http://centralhealthplan.com/NetworkProviders/SearchFacility)



### **Over-the-Counter Items**

1-866-876-8637, TTY 711

24 hours a day, 7 days a week

For a copy of the OTC Catalog, visit

Web: [CentralHealthPlan.NationsBenefits.com](http://CentralHealthPlan.NationsBenefits.com)



### **Aloecare Health (Personal Emergency Response System)**

1-844-583-0813, TTY 711

Monday - Friday, 6 am - 6 pm, and

Saturday - Sunday, 7 am - 4 pm

Web: [members.aloecare.com/centralhealth](http://members.aloecare.com/centralhealth)

# Contact Us for Membership Questions



## Call Toll-Free

1-866-314-2427, TTY 711



## Visit our Website

[centralhealthplan.com](http://centralhealthplan.com)



## Hours of Operation

Year Round: 8 am - 8 pm

7 days a week



## Address

PO Box 14244

Orange, CA 92863

