



**CENTRAL HEALTH
MEDICARE PLAN**

2021 SUMMARY OF BENEFITS

CENTRAL HEALTH MEDI-MEDI PLAN (HMO D-SNP)

CONTACT US:

TOLL FREE: 1-866-314-2427

TTY: 711

FREQUENTLY ASKED QUESTIONS

About Central Health

Central Health Medicare Plan was founded in 2004 by local physicians in Southern California that were searching for the right healthcare solution for their diverse patients. Since then we have proudly served Medicare beneficiaries for more than 10 years by providing quality healthcare at affordable costs. We welcome you to learn more about the great benefits and service we offer.

Who can join?

To join any of our plans, you must meet all of the following requirements:

- You have both Medicare Part A and Medicare Part B
- You live in our service area (Los Angeles County and San Bernardino County)
- You are a United States citizen or are lawfully present in the United States

To join Central Health Medi-Medi Plan HMO D-SNP (002), you must also have Medi-Cal.

How do I enroll?

You have several options to enroll:

- **Enroll through a licensed agent.** If you would like to meet with a licensed insurance agent who can explain our benefits to you in person before you enroll, please call us at 1-866-314-2427 (TTY: 711) to request a free appointment. There is no obligation to enroll. If you choose to enroll, your agent will help you submit the enrollment application.
- **Enroll by fax or mail.** Fill out the Enrollment Application and fax to 626-388-2371 or mail to Central Health Medicare Plan, Attn: Enrollment Department, 1540 Bridgegate Dr, Diamond Bar CA 91765.
- **Enroll online.** Visit www.medicare.gov to enroll online.

You should review the Pre-Enrollment Checklist before you complete the application. If you have questions or need assistance during the enrollment process, please contact Member Services.

Which doctors, hospitals, and pharmacies can I use?

Central Health has a network of doctors, hospitals, pharmacies, and other providers. When you join our plan, you must select a primary care physician (PCP) and a medical group. Your PCP will coordinate your care when you need to see specialists within the medical group or other providers. If you use providers or pharmacies that are not in our network, the plan may not pay for these services. Visit www.centralhealthplan.com to search for a provider or pharmacy.



Are my Part D prescription drugs covered?

You can search our drug formulary on our website or contact Member Services to find out if your drug is covered. The formulary will also tell you whether a covered drug has any restrictions. If a drug you need is not covered, you can ask your doctor to switch you to a comparable drug on our formulary or contact us to request an exception and provide medical notes to justify the request. For more information about requesting an exception, please contact Member Services.

How much will I pay for Part D prescription drugs?

The Part D drugs we cover are grouped into six different tiers. Check the formulary or contact Member Services to find out which tier your drug is on. The amount you pay depends on the drug's tier, the number of days supply, the benefit stage you have reached, whether you are using a network pharmacy, the type of pharmacy you use (e.g., retail, mail order, long term care, home infusion), and whether you qualify for Extra Help.

What is Part D “Extra Help”?

Medicare provides Extra Help (also referred to as Low Income Subsidy or “LIS”) to pay prescription drug costs for people who have limited income and resources. Extra Help can assist with Part D premiums, deductibles, copayments, and coinsurance. Some people qualify for Extra Help automatically and do not need to apply. To find out if you are eligible, contact the Social Security Office at 1-800-772-1213 or TTY users call 1-800-325-0778, Monday through Friday from 7:00 AM to 7:00 PM.

How does coverage work for people with Medicare and Medi-Cal?

If you have both Medicare and Medi-Cal, Central Health will cover all benefits that are covered by Medicare, which includes most of your medical services and prescription drugs. Medi-Cal will help with your Medicare cost-sharing and may cover some services that are not covered by Medicare. Remember to show your Medi-Cal card in addition to your Central Health member ID card when you visit providers. Providers should not bill you for any coinsurance or copay for Medicare-covered services (regardless of whether the provider is contracted with Medi-Cal).

Where can I find more information?

Member Services can help answer any questions you have about eligibility and benefits. Please call 1-866-314-2427 from 8:00 AM to 8:00 PM (PT), 7 days a week. TTY users should call 711.

This Summary of Benefits is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, request the “Evidence of Coverage” or visit www.centralhealthplan.com.

To learn more about Medicare, visit www.medicare.gov and download the “Medicare & You” handbook or call 1-800-Medicare (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

CENTRAL HEALTH MEDI-MEDI PLAN (002)

SUMMARY OF BENEFITS



Premium

\$31.50 per month
\$0 if you qualify for Extra Help (LIS 1, 2, or 3)



Deductible

No deductible



Maximum Out-of-Pocket Responsibility

\$0 for medical costs



Inpatient Hospital Coverage*

\$0 per day for unlimited days



Outpatient Hospital Coverage*

\$0 (refer to the Evidence of Coverage for more details)



Doctor Visits*

Primary Care Physician visit: \$0
Specialist visit: \$0
Telehealth: \$0



Preventive Care*

\$0



Emergency Care

\$0



Urgently Needed Services

\$0

Services with a * may require prior authorization or a referral from your doctor.



Diagnostic Services/Labs/Imaging*

Diagnostic radiology (e.g., MRI): \$0 / Lab services: \$0
Diagnostic tests and procedures: \$0 / X-rays: \$0



Hearing Services*

Free routine hearing exam and hearing aid allowance up to \$2,000 per year through NationsHearing



Dental Services*

Comprehensive dental coverage (including \$0 oral exams, cleanings, and X-rays) through DeltaCare® USA



Vision Services*

Routine vision exam: \$0, once per year
Eyewear allowance: up to \$300 per year



Mental Health Services*

\$0 per outpatient visit



Skilled Nursing Facility*

\$0 per day up to 100 days per benefit period



Physical Therapy*

\$0



Ambulance*

\$0



Transportation*

\$0 for 42 one-way trips per year (25 mile limit per trip)
Members with certain chronic illnesses may use up to half of their total trip allowance for travel to grocery stores, fitness clubs, or senior centers.

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Medicare Part B Drugs*
\$0



Ambulatory Surgery Center*
\$0



Diabetic Supplies*
Glucometer, test strips, lancets: \$0 through mail order
Limited to GLUCOCARD Shine or GLUCOCARD Expression



Durable Medical Equipment (DME)*
\$0



Gym/Fitness
Up to \$40 reimbursement per month for qualifying expenses



Acupuncture*
\$0 for up to 30 treatments per year



Over-the-Counter (OTC)
Up to \$150 allowance every calendar quarter through our mail order catalog
(no roll over)



Viagra®/sildenafil
25% per 30 day supply (6 pills) for Viagra®
\$0 per 30 day supply (6 pills) for sildenafil (generic)



Worldwide Coverage
Up to \$50,000 reimbursement for qualifying expenses
(urgently needed or emergency services only)



In-Home Support Services*
\$0 for assistance at home with activities of daily living after a hospital or SNF discharge, up to 7 shifts, 4 hours each (28 hours total)



Part D Prescription Drugs

Central Health Medi-Medi Plan (002)

Deductible Stage

No deductible if you have full Extra Help
\$92 deductible if you have partial Extra Help

Initial Coverage Stage

After the deductible is met

The amount you pay depends on your level of Extra Help

	Level 1	Level 2	Level 3	Level 4
Tier 1 – Preferred Generic Drugs	\$0	\$0	\$0	\$0
Tier 2 – Generic Drugs	\$0	\$0	\$0	\$0
Tier 3 – Preferred Brand Drugs				
Tier 4 – Non-Preferred Drugs	Generic: \$3.70	Generic: \$1.30	\$0	15%
Tier 5 – Specialty Tier Drugs	Brand: \$9.20	Brand: \$4.00		
Tier 6 – Select Care Drugs				

Coverage Gap Stage

after total yearly drug costs reach \$4,130

The amount you pay depends on your level of Extra Help

	Level 1	Level 2	Level 3	Level 4
Tier 1 – Preferred Generic Drugs	\$0	\$0	\$0	\$0
Tier 2 – Generic Drugs	\$0	\$0	\$0	\$0
Tier 3 – Preferred Brand Drugs				
Tier 4 – Non-Preferred Drugs	Generic: \$3.70	Generic: \$1.30	\$0	15%
Tier 5 – Specialty Tier Drugs	Brand: \$9.20	Brand: \$4.00		
Tier 6 – Select Care Drugs				

Catastrophic Coverage Stage

after out-of-pocket costs reach \$6,550

\$0	\$0	\$0	Generic: \$3.70 Brand: \$9.20
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TTY: 711

8:00 AM to 8:00 PM, 7 days a week

www.centralhealthplan.com

Central Health Medi-Medi Plan is an HMO D-SNP plan with a Medicare and a State Medicaid contract. Enrollment in Central Health Medicare Plan depends on contract renewal. This information is not a complete description of benefits. Call 1-866-314-2427 (TTY: 711) for more information.