



# Summary of Benefits

2024

Los Angeles and San Bernardino

Central Health  
Medi-Medi Plan  
(HMO D-SNP) (02)

# 2024 Summary of Benefits

## Central Health Medi-Medi Plan (HMO D-SNP) H5649-002

January 1, 2024 - December 31, 2024.

Central Health Medicare Plan is an HMO SNP with a Medicare contract. Enrollment in Central Health Medicare Plan depends on contract renewal. The plan also has a written agreement with the CA Medicaid program to coordinate your Medicaid benefits.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please access the “Evidence of Coverage” at [www.centralhealthplan.com](http://www.centralhealthplan.com).

This plan is a **Dual Eligible Special Needs Plan (D-SNP)** for people who are eligible for both Medicare and Medicaid. As a dual eligible beneficiary, your services are paid first by Medicare and then by Medicaid. How much Medicaid covers depends on the type of Medicaid eligibility you have. To join **Central Health Medi-Medi Plan (HMO D-SNP)**, you must be in one of the following Medicaid eligibility categories:

- **Qualified Medicare Beneficiary (QMB):** Medicaid covers your Medicare Part A and B premiums, deductibles, coinsurance and copayment amounts. You are not otherwise eligible for any Medicaid benefits.
- **Qualified Medicare Beneficiary Plus (QMB+):** Medicaid covers your Medicare Part A and B premiums, deductibles, coinsurance and copayment amounts. You are also eligible for full Medicaid benefits, secondary to your Medicare coverage.
- **Full Benefit Dual Eligible – Medicaid Only:** You are eligible for full Medicaid benefits. Medicaid may provide some assistance with Medicare cost-sharing. Generally, your cost share is \$0 when the service is covered by both Medicare and Medicaid. There may be instances where you have to pay Medicare cost-sharing when the service or benefit is not covered by Medicaid.

If your category of Medicaid eligibility changes, your cost-share may also increase or decrease. You must remain eligible for and enrolled in Medicaid to stay enrolled in this plan. You also must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Our service area includes the following counties in California: Los Angeles and San Bernardino.

Except in emergency or urgent situations, if you use providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at [Medicare.gov](http://Medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227) available 24 hours, 7 days a week including some federal holidays. TTY/TDD users should call 1-877-486-2048.

This document is available in other formats such as Braille, large print or audio.

**Have questions?** Please call Central Health Medicare Plan Member Services Department at (866) 314-2427, TTY 711 8:00 A.M. to 8:00 P.M. (PT), 7 days a week or visit our website at [www.centralhealthplan.com](http://www.centralhealthplan.com).



Premium & Benefits	Central Health Medi-Medi Plan (HMO D-SNP) (02)	Your Cost w/ Medicare+full Medi-Cal
<b>Monthly Plan Premium</b> You must keep paying your Medicare Part B premium.	<b>\$41</b> <b>Your premium may be less if you are receiving Extra Help.</b>	<b>\$0</b>
<b>Deductible</b>	<b>No deductible</b>	<b>No deductible</b>
<b>Maximum Out-of-Pocket Responsibility</b> (does not include prescription drugs)	<b>No more than \$0 annually</b>	<b>\$0</b>
<b>Inpatient Hospital*</b>	<b>\$0 per stay</b>	<b>\$0 copay</b>
<b>Outpatient Hospital*‡</b>	<b>\$0 copay</b>	<b>\$0 copay</b>
<b>Ambulatory Surgery Center*</b>	<b>\$0 copay</b>	<b>\$0 copay</b>
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>• Primary care providers</li> <li>• Specialists*</li> </ul>	<b>\$0 copay</b> <b>\$0 copay</b>	<b>\$0 copay</b> <b>\$0 copay</b>
<b>Preventive Care</b> Other preventive services are available. <ul style="list-style-type: none"> <li>• Flu vaccine, diabetic screenings, etc.*</li> </ul>	<b>\$0 copay</b>	<b>\$0 copay</b>
<b>Emergency Care</b> Copayment waived if admitted to the hospital or readmitted to the ER within 72 hours	<b>\$0 copay</b>	<b>\$0 copay</b>

\* Services may require authorization.

‡ Please reference Evidence of Coverage (EOC) for details on specific services.

Premium & Benefits	Central Health Medi-Medi Plan (HMO D-SNP) (02)	Your Cost w/ Medicare+full Medi-Cal
<b>Urgent Care</b>	\$0 copay	\$0 copay
<b>Diagnostic Services/Labs/Imaging*</b> <ul style="list-style-type: none"> <li>• Diagnostic tests and procedures</li> <li>• Lab services</li> <li>• MRI, CAT scan</li> <li>• X-rays</li> </ul>	\$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay \$0 copay \$0 copay
<b>Hearing Services</b> <ul style="list-style-type: none"> <li>• Medicare-covered hearing exam</li> <li>• Routine hearing exam One per year</li> <li>• Hearing aid fittings and evaluations One per year</li> <li>• Hearing aid*</li> </ul>	\$0 copay \$0 copay \$0 copay  <b>Hearing aid allowance up to \$3,000 per year through NationsHearing</b>	\$0 copay  <b>Refer to Medi-Cal handbook for details about your Medi-Cal benefits.</b>
<b>Dental Services†</b> <ul style="list-style-type: none"> <li>• Medicare-covered dental services*</li> <li>• Preventive dental (e.g., oral exam, x-rays, cleanings)</li> </ul> <b>Comprehensive Dental*</b> <ul style="list-style-type: none"> <li>• Diagnostic services</li> <li>• Restorative services</li> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Extractions</li> <li>• Prosthodontics, other oral/maxillofacial surgery, other services</li> <li>• Non-routine services</li> </ul>	\$0 copay \$0 - \$41 copay  \$0 - \$15 copay \$0 - \$424 copay \$0 copay \$0 copay \$0 - \$237 copay \$0 - \$2,160 copay  \$0 - \$166 copay	\$0 copay  <b>Refer to Medi-Cal handbook for details about your Medi-Cal benefits.</b>   <b>Refer to Medi-Cal handbook for details about your Medi-Cal benefits.</b>

\* Services may require authorization.

† Limitations may apply. See your EOC for details.

Premium & Benefits	Central Health Medi-Medi Plan (HMO D-SNP) (02)	Your Cost w/ Medicare+full Medi-Cal
<b>Vision Services*†</b> <ul style="list-style-type: none"> <li>• Medicare-covered eye exams</li> <li>• Medicare-covered eyewear</li> <li>• Routine eye exam</li> <li>• Retinal imaging</li> <li>• Eyewear allowance</li> </ul>	<b>\$0 copay</b> <b>\$0 copay</b> <b>\$0 copay</b> One exam per year <b>\$0 copay</b> One exam per year <b>Up to \$300 per year</b>	<b>\$0 copay</b> <b>\$0 copay</b>  <b>Refer to Medi-Cal handbook for details about your Medi-Cal benefits.</b>
<b>Mental Health Services*</b> <ul style="list-style-type: none"> <li>• Outpatient individual therapy</li> <li>• Outpatient group therapy</li> </ul>	<b>\$0 copay</b> <b>\$0 copay</b>	<b>\$0 copay</b> <b>\$0 copay</b>
<b>Skilled Nursing Facility (SNF)*</b>	<b>\$0 copay</b> per day for days 1 - 100	<b>\$0 copay</b>
<b>Physical Therapy*</b>	<b>\$0 copay</b>	<b>\$0 copay</b>
<b>Ambulance (Ground)*</b>	<b>\$0 copay per ride</b>	<b>\$0 copay</b>
<b>Ambulance (Air)*</b>	<b>\$0 copay</b>	<b>\$0 copay</b>
<b>Transportation*</b>	<b>\$0 for 24 one-way trips to plan approved locations (up to 50 mile limit)</b>	<b>Refer to Medi-Cal handbook for details about your Medi-Cal benefits.</b>
<b>Medicare Part B Drugs*</b> <ul style="list-style-type: none"> <li>• Chemotherapy drugs</li> <li>• Other Part B drugs</li> <li>• Part B insulin drugs</li> </ul>	<b>\$0 copay</b> <b>\$0 copay</b> <b>\$0 copay</b>	<b>\$0 copay</b> <b>\$0 copay</b> <b>\$0 copay</b>

\* Services may require authorization.

† Limitations may apply. See your EOC for details.

## Outpatient Prescription Drugs

### Central Health Medi-Medi Plan (HMO D-SNP) (02)

**Part D Deductible  
(Tiers 2 to 5)**

**\$0<sup>1</sup>**

<sup>1</sup>Depending on the level of Extra Help that you receive

**Retail Rx 30-day supply**

**Mail Order 100-day supply**

**Part D Insulins  
Tier 3 – Preferred Brand**

**\$35 copay**

**\$70 copay**

**Initial Coverage**

You are in the Initial Coverage stage until you reach \$5,030 in drug costs (year to date)

**Tier 1 – Preferred Generic**

**\$0 copay**

**\$0 copay**

**Tier 2 – Generic**

**Tier 3 – Preferred Brand**

**\$0, \$1.55 or \$4.50 for generic drugs<sup>1</sup>**

**Tier 4 – Non-Preferred Brand**

**\$0, \$4.60 or \$11.20 for brand drugs<sup>1</sup>**

**Tier 5 – Specialty Tier**

**Tier 6 – Select Care**

**\$0 copay**

**\$0 copay**

<sup>1</sup>Depending on the level of Extra Help that you receive

**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 copay**

**\$0 copay**

**Tier 2 – Generic**

**\$0, \$1.55 or \$4.50 for generic drugs<sup>1</sup>**

**Tier 3 - Preferred Brand**

**\$0, \$4.60 or \$11.20 for brand drugs<sup>1</sup>**

**Tier 4 - Non-preferred Drug**

**Tier 5 - Specialty**

**Tier 6 – Select Care**

**\$0 copay**

**\$0 copay**

<sup>1</sup>Depending on the level of Extra Help that you receive

## Outpatient Prescription Drugs

### Central Health Medi-Medi Plan (HMO D-SNP) (02)

#### **Catastrophic Coverage**

You are in this stage after your year-to-date “out-of-pocket costs” (your payments) reach a total of \$8,000

During this stage, the plan will pay for the full cost of your covered Part D drugs.

Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year (through December 31, 2024).

Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit.



Extra Benefits	Central Health Medi-Medi Plan (HMO D-SNP) (02)
<b>24/7 Telehealth</b>	<b>\$0 copay</b>
<b>Acupuncture*</b> <ul style="list-style-type: none"> <li>• Medicare-covered acupuncture</li> <li>• Routine acupuncture - unlimited visits each year.</li> </ul>	<b>\$0 copay</b> <b>\$0 copay</b>
<b>Chiropractic Services*</b> <ul style="list-style-type: none"> <li>• Medicare-covered chiropractic care</li> </ul>	<b>\$0 copay</b>
<b>Durable Medical Equipment (DME)*</b>	<b>\$0 copay</b>
<b>Flex Card</b> You will have one card to use at retail locations for all of your individual benefits listed below: <ul style="list-style-type: none"> <li>• <b>Over-The-Counter (OTC) Items</b></li> <li>• <b>Fitness Allowance</b></li> </ul>	<b>Up to \$67 every month</b> <b>Up to \$20 every month</b>
<b>Gym Membership*</b>	<b>\$0 copay</b>
<b>Healthy Foods Allowance‡</b> These are Special Supplemental Benefits for Chronic Illnesses. Certain qualifying conditions are required for members to access these benefits.	<b>Up to \$25 each month for healthy foods for members with a qualifying chronic condition</b>
<b>Herbal Catalog</b>	<b>Products in the catalog are covered through your over-the-counter (OTC) allowance. You can only order these items through a plan approved vendor, but not at a retail location. For more information, please call Member Services.</b>

\* Services may require authorization.

‡ Please reference Evidence of Coverage (EOC) for details on specific services.

Extra Benefits	Central Health Medi-Medi Plan (HMO D-SNP) (02)
<b>In-Home Support Services*</b>	<b>\$0 copay for up to 20 hours per calendar year. Not all members will qualify, please see your EOC for more details.</b>
<b>Meals (Made Easy Meals)*‡</b>	<p><b>Receive 14 meals each month, for 12 months (168 total meals). Meal delivery is included 1 time per month.</b></p> <p><b>Receive 2 meals a day, for 14 days immediately following surgery or inpatient hospitalization, or for a medical condition or potential medical condition that requires you to remain at home for a period of time. Can be used up to 4 times per year.</b></p>
<b>Personal Emergency Response System (PERS)*</b>	<b>\$0 copay</b>
<b>Scales</b> These are Special Supplemental Benefits for Chronic Illnesses. Certain qualifying conditions are required for members to access these benefits.	<b>\$0 copay</b>
<b>Worldwide Emergency Care</b> <ul style="list-style-type: none"> <li>• Urgent Care</li> <li>• Emergency Room</li> <li>• Emergency Transportation</li> </ul>	<b>\$0 copay</b> <b>Coverage up to \$100,000</b>

\* Services may require authorization.

‡ Please reference Evidence of Coverage (EOC) for details on specific services.

## Summary of Medi-Cal covered benefits

### Services available through Central Health Medicare Plan California

In addition to the Medicare services described in the Summary of Benefits, you may be eligible for the following Medi-Cal benefits based on the level of your Medi-Cal coverage. For eligibility rules, a complete list of services, and additional information about Medi-Cal benefits, please visit: [www.centralhealthplan.com](http://www.centralhealthplan.com).

Inpatient Hospital Care	Diagnostic Tests, Lab and Radiology Services, and X-Rays
Inpatient Mental Health Care	Outpatient Hospital Services
Skilled Nursing Facility (SNF)	Outpatient Substance Abuse Services
Emergency Care	Renal Dialysis
Urgently Needed Services	Ambulance Services
Home Health Care	Routine Transportation
Hospice	Diabetes Supplies and Services
Doctor Office Visits	Durable Medical Equipment (DME)
Preventive Care	Prosthetic Devices
Foot Care	Immunizations
Telemedicine	Dental Services
Speech Therapy	Vision Services
Physical Therapy/Occupational Therapy	Hearing Services
Mental Health Care	Prescription Drug Benefits

The categories above are subject to the coverage and limitation policies listed in your Medi-Cal contract.

**Have Questions?** What you pay for covered services may depend on your level of Medi-Cal eligibility. If you have questions about your Medi-Cal eligibility and what benefits you are entitled to, please call: 1-800-221-3943