



Summary of Benefits

2024

Orange
Riverside
San Bernardino

Central Health
Premier Plan II
(HMO) (21-1)

2024 Summary of Benefits

Central Health Premier Plan II (HMO) H5649-021-001

January 1, 2024 - December 31, 2024.

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

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.

To join **Central Health Premier Plan II (HMO)** you 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: Orange, Riverside 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 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.

Premium & Benefits	Central Health Premier Plan II (HMO) (21-1)
<p>Monthly Plan Premium</p> <p>You must keep paying your Medicare Part B premium.</p>	<p>\$0</p>
<p>Deductible</p>	<p>No deductible</p>
<p>Maximum Out-of-Pocket Responsibility (does not include prescription drugs)</p>	<p>No more than \$1,199 annually</p>
<p>Inpatient Hospital*</p>	<p>\$0 per stay</p>
<p>Outpatient Hospital*‡</p>	<p>\$0 - \$20 copay</p>
<p>Ambulatory Surgery Center*</p>	<p>\$0 copay</p>
<p>Doctor Visits</p> <ul style="list-style-type: none"> • Primary care providers • Specialists* 	<p>\$0 copay \$0 copay</p>
<p>Preventive Care</p> <p>Other preventive services are available.</p> <ul style="list-style-type: none"> • Flu vaccine, diabetic screenings, etc.* 	<p>\$0 copay</p>
<p>Emergency Care</p> <p>Copayment waived if admitted to the hospital or readmitted to the ER within 72 hours</p>	<p>\$0 - \$100 copay</p>
<p>Urgent Care</p>	<p>\$0 copay</p>
<p>Diagnostic Services/Labs/Imaging*</p> <ul style="list-style-type: none"> • Diagnostic tests and procedures • Lab services • MRI, CAT scan • X-rays 	<p>\$0 copay \$0 copay \$0 copay \$0 copay</p>

* Services may require authorization.

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

Premium & Benefits	Central Health Premier Plan II (HMO) (21-1)
<p>Hearing Services</p> <ul style="list-style-type: none"> • Medicare-covered hearing exam • Routine hearing exam One per year • Hearing aid fittings and evaluations One per year • Hearing aid* 	<p>\$0 copay \$0 copay</p> <p>\$0 copay</p> <p>Hearing aid allowance up to \$2,000 per year through NationsHearing</p>
<p>Dental Services†</p> <ul style="list-style-type: none"> • Medicare-covered dental services* • Preventive dental (e.g., oral exam, x-rays, cleanings) <p>Comprehensive Dental*</p> <ul style="list-style-type: none"> • Diagnostic services • Restorative services • Endodontics • Periodontics • Extractions • Prosthodontics, other oral/maxillofacial surgery, other services • Non-routine services 	<p>\$0 copay \$0 - \$41 copay</p> <p>\$0 - \$15 copay \$0 - \$424 copay \$0 copay \$0 copay \$0 - \$237 copay \$0 - \$2,160 copay</p> <p>\$0 - \$166 copay</p>
<p>Vision Services*†</p> <ul style="list-style-type: none"> • Medicare-covered eye exams • Medicare-covered eyewear • Routine eye exam <ul style="list-style-type: none"> • Retinal imaging • Eyewear allowance 	<p>\$0 copay \$0 copay \$0 copay</p> <p>One exam per year \$0 copay</p> <p>One exam per year Up to \$300 per year</p>
<p>Mental Health Services*</p> <ul style="list-style-type: none"> • Outpatient individual therapy • Outpatient group therapy 	<p>\$40 copay \$40 copay</p>

* Services may require authorization.

† Limitations may apply. See your EOC for details.

Premium & Benefits	Central Health Premier Plan II (HMO) (21-1)
Skilled Nursing Facility (SNF)*	\$0 copay per day for days 1–20 Up to \$200 copay per day for days 21–100 These are 2023 cost-sharing amounts and may change for 2024. We will provide updated rates at www.centralhealthplan.com as soon as they are released.
Physical Therapy*	\$0 copay
Ambulance (Ground)*	\$0 - \$75 copay per ride
Ambulance (Air)*	20% coinsurance
Transportation*	\$0 for 48 one-way trips to plan approved locations (up to 50 mile limit)
Medicare Part B Drugs* <ul style="list-style-type: none"> • Chemotherapy drugs • Other Part B drugs • Part B insulin drugs 	20% coinsurance unless capped by Inflation Reduction Act (IRA) rules 20% coinsurance unless capped by Inflation Reduction Act (IRA) rules \$35 copay

* Services may require authorization.

Outpatient Prescription Drugs

Central Health Premier Plan II (HMO) (21-1)

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

No deductible

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

\$0 copay

\$0 copay

Tier 3 – Preferred Brand

\$35 copay

\$70 copay

Tier 4 – Non-Preferred Brand

\$75 copay

\$150 copay

Tier 5 – Specialty Tier

33% of the cost

Not available

Tier 6 – Select Care

\$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 \$8,000

Tier 1 – Preferred Generic

\$0 copay

\$0 copay

Tier 2 – Generic

\$0 copay

\$0 copay

Tier 3 - Preferred Brand

25% of the cost

25% of the cost

Tier 4 - Non-preferred Drug

25% of the cost

25% of the cost

Tier 5 - Specialty

25% of the cost

Not available

Tier 6 – Select Care

\$0 copay

\$0 copay

Outpatient Prescription Drugs

Central Health Premier Plan II (HMO) (21-1)

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 Premier Plan II (HMO) (21-1)
24/7 Telehealth	\$0 copay
Acupuncture* <ul style="list-style-type: none"> • Medicare-covered acupuncture • Routine acupuncture - unlimited visits each year. 	\$0 copay \$0 copay
Chiropractic Services* <ul style="list-style-type: none"> • Medicare-covered chiropractic care 	\$0 copay
Durable Medical Equipment (DME)*	\$0 - 20% coinsurance
Flex Card You will have one card to use at retail locations for all of your individual benefits listed below: <ul style="list-style-type: none"> • Over-The-Counter (OTC) Items • Fitness Allowance 	Up to \$51 every month Up to \$50 every month
Gym Membership*	\$0 copay
Healthy Foods Allowance‡ These are Special Supplemental Benefits for Chronic Illnesses. Certain qualifying conditions are required for members to access these benefits.	Up to \$25 each month for healthy foods for members with a qualifying chronic condition
Herbal Catalog	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.
In-Home Support Services*	\$0 copay for up to 20 hours per calendar year. Not all members will qualify, please see your EOC for more details.

* Services may require authorization.

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

Extra Benefits	Central Health Premier Plan II (HMO) (21-1)
Meals (Made Easy Meals)*‡	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.
Personal Emergency Response System (PERS)*	\$0 copay
Scales These are Special Supplemental Benefits for Chronic Illnesses. Certain qualifying conditions are required for members to access these benefits.	\$0 copay
Worldwide Emergency Care <ul style="list-style-type: none"> • Urgent Care • Emergency Room • Emergency Transportation 	\$50 copay Coverage up to \$100,000

* Services may require authorization.

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