

Find the plan that's right for you

Discover the Benefits of Central Health Medicare Plan

Central Health Ventura Medicare Plan (HMO) 008

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 Ventura Medi-Medi Plan (HMO D-SNP) 009

This plan is a good choice for individuals who are eligible for Medi-Cal.

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
Ventura
2024

Central Health
Ventura Medicare Plan
(HMO) 008
VC


Central Health
Ventura Medi-Medi Plan
(HMO D-SNP) 009
VC

 PLAN DETAILS	CENTRAL HEALTH VENTURA MEDICARE PLAN (HMO) 008	CENTRAL HEALTH VENTURA MEDI-MEDI PLAN (HMO D-SNP) 009 ⁴
Monthly Plan Premium	\$0	\$41 ⁵
Part B Rebate	\$0	\$0
Deductible	None	None
Maximum Out-of-Pocket (MOOP)	\$3,850	\$0
 COMPREHENSIVE CARE	PLAN 008	PLAN 009
Primary Care Providers	\$0	\$0
Specialists ¹	\$0	\$0
Urgent Care	\$0	\$0
Diagnostic Tests & Procedures ¹	\$0	\$0
Lab Services ¹	\$0	\$0
MRI, CAT Scans ¹	\$0-\$120	\$0
X-rays ¹	\$0	\$0
Physical Therapy ¹	\$0	\$0
 HOSPITAL & EMERGENCY CARE	PLAN 008	PLAN 009
Inpatient Hospital ¹	\$125 (per day, days 1-6) \$0 (per day, days 7-90)	\$0
Outpatient Hospital ¹	\$0-\$175	\$0
Emergency Care ²	\$0-\$135	\$0
Ambulance (Ground) ¹	\$0-\$225	\$0

¹ Services may require authorization and/or a referral.




² Copayment waived if admitted to the hospital or readmitted to the ER within 72 hours.

³ Limitations may apply. See your EOC for details.

 PRESCRIPTION DRUG COVERAGE	CENTRAL HEALTH VENTURA MEDICARE PLAN (HMO) 008	CENTRAL HEALTH VENTURA MEDI-MEDI PLAN (HMO D-SNP) 009
Part D Deductible (TIERS 2-5)	\$0	\$545 ⁵
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
TIER 2: Generic	\$0	\$0, \$1.55 or \$4.50 for generic drugs ⁵ \$0, \$4.60 or \$11.20 for brand drugs ⁵
TIER 3: Preferred Brand	\$47	
TIER 4: Non-Preferred	\$100	
TIER 5: Specialty Tier	33%	
TIER 6: Select Care	\$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
TIER 2: Generic	25%	\$0, \$1.55 or \$4.50 for generic drugs ⁵ \$0, \$4.60 or \$11.20 for brand drugs ⁵
TIER 3: Preferred Brand	25%	
TIER 4: Non-Preferred	25%	
TIER 5: Specialty Tier	25%	
TIER 6: Select Care	\$0	\$0

⁴ Your costs may be less if your Medi-Cal covers cost-sharing for Medicare-covered services.

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

 ADDITIONAL BENEFITS & SERVICES	CENTRAL HEALTH VENTURA MEDICARE PLAN (HMO) 008	CENTRAL HEALTH VENTURA MEDI-MEDI PLAN (HMO D-SNP) 009
Routine Eye Exam ¹	\$0	\$0
Eyewear Allowance ^{1,3}	\$150 every year; all vision materials covered	\$300 every year; all vision materials covered
Preventive Dental ³ (e.g., oral exam, X-rays, cleanings)	\$0-\$41	\$0-\$41
Hearing Aid ¹	\$2,000 allowance	\$3,000 allowance
Transportation ¹	\$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)
Routine Acupuncture ¹	\$0 (unlimited treatments)	Not covered
 WELLNESS PROGRAMS	PLAN 008	PLAN 009
Gym Membership – SilverSneakers ¹	\$0	\$0
Healthy Foods Allowance ³	Up to \$25/mo for healthy foods	Up to \$25/mo for healthy foods
Made Easy Meals ^{1,3}	Not covered	\$0 14 meals/month for 12 months (168 total)
Telehealth	\$0	\$0
Personal Emergency Response System (PERS) ¹	\$0	\$0
 CHP FLEX CARD	PLAN 008	PLAN 009
OTC	\$35 every month includes herbal catalog	\$47 every month includes herbal catalog
Fitness Allowance	\$20 every month	\$20 every month
Dental Allowance	N/A	N/A