



**Find the plan
that's right
for you**

Discover the Benefits of a Central Health Medicare Plan

Central Health Focus Plan (HMO C-SNP) 006

This plan is a good choice for anyone with diagnosis of cardiovascular disease, congestive heart failure, or diabetes that doesn't qualify for Medi-Cal. This plan reduces the cost of prescription drugs while adding additional services and benefits.

Central Health Premier Plan I (HMO) 20-1

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 Premier Plan II (HMO) 21-2

This plan is a good choice for individuals who receive some level of Medi-Cal coverage or Extra Help.

Central Health San Mateo Medicare Plan (HMO) 018

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 Medicare Plan is an HMO/HMO SNP plan with a Medicare contract. Enrollment in Central Health Medicare Plan depends on contract renewal. These are Special Supplemental Benefits for chronic illnesses. Certain qualifying conditions are required for members to access these benefits.

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**
Northern California
Alameda, Contra Costa, Fresno, San
Joaquin, Santa Clara, San Mateo
2024

Central Health
Focus Plan
(HMO C-SNP) 006
FR, SC, AL, CC, SJ

Central Health
Premier Plan I
(HMO) 20-1
SC, SJ, FR, AL, CC

Central Health
Premier Plan II
(HMO) 21-2
SC, SJ, FR, AL, CC

Central Health
San Mateo Medicare Plan
(HMO) 018
SM

PLAN DETAILS	CENTRAL HEALTH FOCUS PLAN (HMO C-SNP) 006	CENTRAL HEALTH PREMIER PLAN I (HMO) 20-1	CENTRAL HEALTH PREMIER PLAN II (HMO) 21-2	CENTRAL HEALTH SAN MATEO MEDICARE PLAN (HMO) 018
Monthly Plan Premium	\$0	\$0	\$41 ⁴	\$0
Part B Rebate	\$35	\$0	\$0	\$0
Deductible	None	None	None	None
Maximum Out-of-Pocket (MOOP)	\$1,800	\$3,200	\$1,199	\$3,850
COMPREHENSIVE CARE	PLAN 006	PLAN 20-1	PLAN 21-2	PLAN 018
Primary Care Providers	\$0	\$0	\$0	\$0
Specialists ¹	\$0	\$0	\$0	\$0
Urgent Care	\$0	\$0	\$0	\$0
Diagnostic Tests & Procedures ¹	\$0	\$0	\$0	\$0
Lab Services ¹	\$0	\$0	\$0	\$0
MRI, CAT Scans ¹	\$0-\$75	\$0-\$50	\$0	\$0-\$150
X-rays ¹	\$0	\$0	\$0	\$0
Physical Therapy ¹	\$0	\$0	\$0	\$0
HOSPITAL & EMERGENCY CARE	PLAN 006	PLAN 20-1	PLAN 21-2 ⁵	PLAN 018
Inpatient Hospital ¹	\$0	\$0 (per day, days 1-4) \$100 (per day, days 5-10) \$0 (per day, days 11-90)	\$50 (per day, days 1-6) \$0 (per day, days 7-90)	\$200 (per day, days 1-5) \$0 (per day, days 6-90)
Outpatient Hospital ¹	\$0	\$0-\$150	\$0-\$150	\$0-\$200
Emergency Care ²	\$0-\$125	\$0-\$100	\$0-\$100	\$0-\$90
Ambulance (Ground) ¹	\$0-\$100	\$0-\$150	\$0-\$150	\$0-\$250

PRESCRIPTION DRUG COVERAGE	CENTRAL HEALTH FOCUS PLAN (HMO C-SNP) 006	CENTRAL HEALTH PREMIER PLAN I (HMO) 20-1	CENTRAL HEALTH PREMIER PLAN II (HMO) 21-2	CENTRAL HEALTH SAN MATEO MEDICARE PLAN (HMO) 018
Part D Deductible (TIERS 2-5)	\$0	\$0	\$0	\$0
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	\$0	\$0
TIER 2: Generic	\$0	\$0	\$0	\$0
TIER 3: Preferred Brand	\$35	\$35	\$35 ⁴	\$35
TIER 4: Non-Preferred	\$75	\$75	\$75 ⁴	\$75
TIER 5: Specialty Tier	33%	33%	33% ⁴	33%
TIER 6: Select Care	\$0	\$0	\$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	\$0	\$0
TIER 2: Generic	\$0	\$0	\$0	\$0
TIER 3: Preferred Brand	25%	25%	25% ⁴	25%
TIER 4: Non-Preferred	25%	25%	25% ⁴	25%
TIER 5: Specialty Tier	25%	25%	25% ⁴	25%
TIER 6: Select Care	\$0	\$0	\$0	\$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.

⁴ Could be less depending on the Extra Help you receive.

⁵ Your costs may be less if your Medi-Cal covers cost-sharing for Medicare-covered services.

ADDITIONAL BENEFITS & SERVICES	CENTRAL HEALTH FOCUS PLAN (HMO C-SNP) 006	CENTRAL HEALTH PREMIER PLAN I (HMO) 20-1	CENTRAL HEALTH PREMIER PLAN II (HMO) 21-2	CENTRAL HEALTH SAN MATEO MEDICARE PLAN (HMO) 018
Routine Eye Exam ¹	\$0	\$0	\$0	\$0
Eyewear Allowance ^{1,3}	\$150 every year; all vision materials covered	\$300 every year; all vision materials covered	\$300 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	\$0-\$41	\$0-\$41
Hearing Aid ¹	\$2,000 allowance	\$2,000 allowance	\$3,000 allowance	\$2,000 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)	\$0 for 48 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)
Acupuncture ¹	\$0 (unlimited treatments)	\$0 (unlimited treatments)	\$0 (unlimited treatments)	\$0 (unlimited treatments)
WELLNESS PROGRAMS	PLAN 006	PLAN 20-1	PLAN 21-2	PLAN 018
Gym Membership - SilverSneakers ¹	\$0	\$0	\$0	\$0
Healthy Foods Allowance ³	Up to \$25/mo for healthy foods	Up to \$25/mo for healthy foods	Up to \$25/mo for healthy foods	Up to \$25/mo for healthy foods
Made Easy Meals ^{1,3}	\$0 2 meals/day for 14 days, 4 times/year	\$0 2 meals/day for 14 days, 4 times/year	\$0 2 meals/day for 14 days, 4 times/year	Not covered
Telehealth	\$0	\$0	\$0	\$0
Personal Emergency Response System (PERS) ¹	\$0	\$0	\$0	\$0
CHP FLEX CARD	PLAN 006	PLAN 20-1	PLAN 21-2	PLAN 018
OTC	\$46 every month includes herbal catalog	\$41 every month includes herbal catalog	\$50 every month includes herbal catalog	\$41 every month includes herbal catalog
Fitness Allowance	N/A	\$20 every month	\$20 every month	N/A
Dental Allowance	N/A	N/A	\$165 every 6 months	N/A