CENTRAL HEALTH MEDICARE PLAN

Summary of Benefits

2024

Orange
Riverside
San Bernardino

Central Health Premier Plan I (HMO) (20-2)

H5649_20.2_SB_2024_M

2024 Summary of Benefits

Central Health Premier Plan I (HMO) H5649-020-002

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 I (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 I (HMO) (20-2)	Your Cost w/ Medicare+full Medi-Cal
Monthly Plan Premium You must keep paying your Medicare Part B premium.	**$41** **Your premium may be less if you are receiving Extra Help.**	**$0**
Deductible	**No deductible**	**No deductible**
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	**No more than $899 annually**	**$0**
Inpatient Hospital*	**$0 per stay**	**$0 copay**
Outpatient Hospital*‡	**$0 - $100 copay**	**$0 copay**
Ambulatory Surgery Center*	**$0 copay**	**$0 copay**
Doctor Visits • Primary care providers • Specialists*	 **$0 copay** **$0 copay**	 **$0 copay** **$0 copay**
Preventive Care Other preventive services are available. • Flu vaccine, diabetic screenings, etc.*	**$0 copay**	**$0 copay**
Emergency Care Copayment waived if admitted to the hospital or readmitted to the ER within 72 hours	**$0 - $100 copay**	**$0 copay**

* Services may require authorization.
‡ Please reference Evidence of Coverage (EOC) for details on specific services.

Premium & Benefits	Central Health Premier Plan I (HMO) (20-2)	Your Cost w/ Medicare+full Medi-Cal
Urgent Care	**$0 copay**	**$0 copay**
Diagnostic Services/Labs/ Imaging*		
• Diagnostic tests and procedures	**$0 copay**	**$0 copay**
• Lab services	**$0 copay**	**$0 copay**
• MRI, CAT scan	**$0 copay**	**$0 copay**
• X-rays	**$0 copay**	**$0 copay**
Hearing Services		
• Medicare-covered hearing exam	**$0 copay**	**$0 copay**
• Routine hearing exam One per year	**$0 copay**	
• Hearing aid fittings and evaluations One per year	**$0 copay**	**Refer to Medi-Cal handbook for details about your Medi-Cal benefits.**
• Hearing aid*	**Hearing aid allowance up to $3,000 per year through NationsHearing**	
Dental Services†		
• Medicare-covered dental services*	**$0 copay**	**$0 copay**
• Preventive dental (e.g., oral exam, x-rays, cleanings)	**$0 - $41 copay**	**Refer to Medi-Cal handbook for details about your Medi-Cal benefits.**
Comprehensive Dental*		
• Diagnostic services	**$0 - $15 copay**	
• Restorative services	**$0 - $424 copay**	
• Endodontics	**$0 copay**	
• Periodontics	**$0 copay**	**Refer to Medi-Cal handbook for details about your Medi-Cal benefits.**
• Extractions	**$0 - $237 copay**	
• Prosthodontics, other oral/ maxillofacial surgery, other services	**$0 - $2,160 copay**	
• Non-routine services	**$0 - $166 copay**	

* Services may require authorization.
† Limitations may apply. See your EOC for details.

Premium & Benefits	Central Health Premier Plan I (HMO) (20-2)	Your Cost w/ Medicare+full Medi-Cal
Vision Services*† • Medicare-covered eye exams • Medicare-covered eyewear • Routine eye exam • Retinal imaging • Eyewear allowance	**$0 copay** **$0 copay** **$0 copay** One exam per year **$0 copay** One exam per year **Up to $300 per year**	**$0 copay** **$0 copay** **Refer to Medi-Cal handbook for details about your Medi-Cal benefits.**
Mental Health Services* • Outpatient individual therapy • Outpatient group therapy	**$0 copay** **$0 copay**	**$0 copay** **$0 copay**
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.**	**$0 copay**
Physical Therapy*	**$0 copay**	**$0 copay**
Ambulance (Ground)*	**$0 - $150 copay per ride**	**$0 copay**
Ambulance (Air)*	**20% coinsurance**	**$0 copay**

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† Limitations may apply. See your EOC for details.

Premium & Benefits	Central Health Premier Plan I (HMO) (20-2)	Your Cost w/ Medicare+full Medi-Cal
Transportation*	**$0 for 48 one-way trips to plan approved locations (up to 50 mile limit)**	**Refer to Medi-Cal handbook for details about your Medi-Cal benefits.**
Medicare Part B Drugs*		
• Chemotherapy drugs	**20% coinsurance unless capped by Inflation Reduction Act (IRA) rules**	**$0 copay**
• Other Part B drugs	**20% coinsurance unless capped by Inflation Reduction Act (IRA) rules**	**$0 copay**
• Part B insulin drugs	**$35 copay**	**$0 copay**

* Services may require authorization.

Outpatient Prescription Drugs		
	Central Health Premier Plan I (HMO) (20-2)	
Part D Deductible (Tiers 2 to 5)	**$0**[1] **[1]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** **Tier 2 – Generic** **Tier 3 – Preferred Brand** **Tier 4 – Non-Preferred Brand** **Tier 5 – Specialty Tier** **Tier 6 – Select Care**	**$0 copay** **$0 copay** **$0, $1.55 or $4.50 for generic drugs**[1] **$0, $4.60 or $11.20 for brand drugs**[1] **$0 copay** **[1]Depending on the level of Extra Help that you receive**	**$0 copay** **$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** **Tier 2 – Generic** **Tier 3 - Preferred Brand** **Tier 4 - Non-preferred Drug** **Tier 5 - Specialty** **Tier 6 – Select Care**	**$0 copay** **$0 copay** **$0, $1.55 or $4.50 for generic drugs**[1] **$0, $4.60 or $11.20 for brand drugs**[1] **$0 copay** **[1]Depending on the level of Extra Help that you receive**	**$0 copay** **$0 copay** **$0 copay**

Outpatient Prescription Drugs	
	Central Health Premier Plan I (HMO) (20-2)
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 I (HMO) (20-2)
24/7 Telehealth	**$0 copay**
Acupuncture*	
• Medicare-covered acupuncture	**$0 copay**
• Routine acupuncture - unlimited visits each year.	**$0 copay**
Chiropractic Services*	
• 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:	
• **Over-The-Counter (OTC) Items**	**Up to $50 every month**
• **Fitness Allowance**	**Up to $20 every month**
• **Dental Allowance**	**Up to $165 every 6 months**
Gym Membership*	**$0 copay**
Healthy Foods Allowance‡	**Up to $25 each month for healthy foods for members with a qualifying chronic condition**
These are Special Supplemental Benefits for Chronic Illnesses. Certain qualifying conditions are required for members to access these benefits.	
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.**

* Services may require authorization.
‡ Please reference Evidence of Coverage (EOC) for details on specific services.

Extra Benefits	Central Health Premier Plan I (HMO) (20-2)
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.**
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 • Urgent Care • Emergency Room • Emergency Transportation	**$0 copay** **Coverage up to $100,000**

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