Summary of Benefits

2024

Alameda
Contra Costa
Fresno
Los Angeles
San Joaquin
Santa Clara

Central Health Premier Plan II (HMO) (21-2)

H5649_21.2_SB_2024_M

2024 Summary of Benefits

Central Health Premier Plan II (HMO) H5649-021-002

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 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: Alameda, Contra Costa, Fresno, Los Angeles, San Joaquin and Santa Clara.

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) (21-2)	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 $1,199 annually**	**$0**
Inpatient Hospital*	**$50 copay** per day for days 1 - 6 **$0 copay** per day for days 7 - 90	**$0 copay**
Outpatient Hospital*‡	**$0 - $150 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**

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

Premium & Benefits	Central Health Premier Plan II (HMO) (21-2)	Your Cost w/ Medicare+full Medi-Cal
Emergency Care Copayment waived if admitted to the hospital or readmitted to the ER within 72 hours	**$0 - $100 copay**	**$0 copay**
Urgent Care	**$0 copay**	**$0 copay**
Diagnostic Services/Labs/ Imaging* • Diagnostic tests and procedures • Lab services • MRI, CAT scan • X-rays	 **$0 copay** **$0 copay** **$0 copay** **$0 copay**	 **$0 copay** **$0 copay** **$0 copay** **$0 copay**
Hearing Services • Medicare-covered hearing exam • Routine hearing exam One per year • Hearing aid fittings and evaluations One per year • Hearing aid*	 **$0 copay** **$0 copay** **$0 copay** **Hearing aid allowance up to $3,000 per year through NationsHearing**	 **$0 copay** **Refer to Medi-Cal handbook for details about your Medi-Cal benefits.**

* Services may require authorization.

Premium & Benefits	Central Health Premier Plan II (HMO) (21-2)	Your Cost w/ Medicare+full Medi-Cal
Dental Services† • Medicare-covered dental services* • Preventive dental (e.g., oral exam, x-rays, cleanings)	 **$0 copay** **$0 - $41 copay**	 **$0 copay** **Refer to Medi-Cal handbook for details about your Medi-Cal benefits.**
Comprehensive Dental* • Diagnostic services • Restorative services • Endodontics • Periodontics • Extractions • Prosthodontics, other oral/ maxillofacial surgery, other services • Non-routine services	 **$0 - $15 copay** **$0 - $424 copay** **$0 copay** **$0 copay** **$0 - $237 copay** **$0 - $2,160 copay** **$0 - $166 copay**	**Refer to Medi-Cal handbook for details about your Medi-Cal benefits.**
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**

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

Premium & Benefits	Central Health Premier Plan II (HMO) (21-2)	Your Cost w/ Medicare+full Medi-Cal
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**
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 • 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**	 **$0 copay** **$0 copay** **$0 copay**

* Services may require authorization.

Outpatient Prescription Drugs		
	Central Health Premier Plan II (HMO) (21-2)	
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	**$0 copay**	**$0 copay**
Tier 2 – Generic	**$0 copay**	**$0 copay**
Tier 3 – Preferred Brand **Tier 4 – Non-Preferred Brand** **Tier 5 – Specialty Tier**	**$0, $1.55 or $4.50 for generic drugs[1]** **$0, $4.60 or $11.20 for brand drugs[1]**	
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 **Tier 4 - Non-preferred Drug** **Tier 5 - Specialty**	**$0, $1.55 or $4.50 for generic drugs[1]** **$0, $4.60 or $11.20 for brand drugs[1]**	
Tier 6 – Select Care	**$0 copay** **[1]Depending on the level of Extra Help that you receive**	**$0 copay**
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).	

Outpatient Prescription Drugs	
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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) (21-2)
24/7 Telehealth	**$0 copay**
Acupuncture* • Medicare-covered acupuncture • Routine acupuncture - unlimited visits each year.	 **$0 copay** **$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** • **Fitness Allowance** • **Dental Allowance**	 **Up to $50 every month** **Up to $20 every month** **Up to $165 every 6 months**
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.**

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

Extra Benefits	Central Health Premier Plan II (HMO) (21-2)
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.