



CENTRAL HEALTH MEDICARE PLAN

SUMMARY OF BENEFITS 2022

CENTRAL HEALTH MEDICARE PLAN (HMO)

CENTRAL HEALTH PREMIER PLAN (HMO)

CENTRAL HEALTH FOCUS PLAN (HMO C-SNP)

CENTRAL HEALTH SAVINGS PLAN (HMO)

CONTACT US:

TOLL FREE : 1.866.314.2427 TTY: 711



CENTRAL HEALTH MEDICARE PLAN

Your health is Central to everything we do.

In 2004, Central Health Medicare Plan was founded by doctors looking for solutions to provide better, more affordable healthcare to the diverse members they served. Today it continues to be our mission to provide the highest standards of excellence in healthcare, and we will continue to put the needs of our members first. Thank you for considering Central Health Medicare Plan!

Who can join?

To join our plan, you must be entitled to Medicare Part A and Part B, be a United States citizen or are lawfully present in the United States, and live in our service area. Our service area includes the following counties in California: Los Angeles, Orange, San Bernardino and Riverside (excludes Plan 006).

To join Central Health Focus Plan HMO C-SNP (006), you must be been diagnosed with Diabetes, Chronic Heart Failure (CHF), and/or one of the following cardiovascular disorders: cardiac arrhythmias, coronary artery disease, peripheral vascular disease, or chronic venous thromboembolic disorder.

How do I enroll?

You have several options to enroll:

1. Enroll through a licensed agent. If you would like to meet with a licensed insurance agent who can explain our benefits to you in person before you enroll, please call us at 1-866-314-2427 (TTY: 711) to request a free appointment. There is no obligation to enroll. If you choose to enroll, your agent will help you submit the enrollment application.
2. Enroll by fax or mail. Fill out the Enrollment Application and fax to 626-388-2371 or mail to: Central Health Medicare Plan, Attn: Enrollment Department, 1540 Bridgegate Dr, Diamond Bar CA 91765.
3. Enroll online. Visit www.centralhealthplan.com to enroll online. You can also enroll through www.medicare.gov.

Which doctors, hospitals, and pharmacies can I use?

Central Health has a network of doctors, hospitals, pharmacies, and other providers. When you join our plan, you must select a primary care physician (PCP) and medical group. Your PCP will coordinate your care when you need to see specialists within your medical group, or other providers. Except in cases of emergency, if you use a provider or pharmacy that is not in our network, the plan may not pay for these services. Visit www.centralhealthplan.com to search for a provider or pharmacy.

FREQUENTLY ASKED QUESTIONS

Are my Part D prescription drugs covered?

You can search the drug formulary on the plan website or contact Member Services to find out if your drug is covered. The formulary will also tell you whether a covered drug has any restrictions. If a drug you need is not covered, you can ask your doctor to switch you to a comparable drug on our formulary or contact us to request an exception. All exceptions require medical notes to justify the request. For more information about requesting an exception, please contact Member Services.

How much will I pay for Part D prescription drugs?

The Part D drugs we cover are grouped into six different tiers. Check the formulary or contact Member Services to find out which tier your drug is on. The amount you pay depends on the drug's tier, the number of days' supply, the benefit stage you have reached, whether you are using a network pharmacy, the type of pharmacy you use (e.g., retail, mail order, long term care, home infusion), and whether you qualify for Extra Help.

What is Part D “Extra Help”?

Medicare provides Extra Help (also referred to as Low Income Subsidy or “LIS”) to pay prescription drug costs for people who have limited income and resources. Extra Help can assist with Part D premiums, deductibles, copayments, and coinsurance. Some people qualify for Extra Help automatically and do not need to apply. To find out if you are eligible, contact the Social Security Office at 1-800-772-1213 or TTY users call 1-800-325-0778, Monday through Friday from 7:00 AM to 7:00 PM.

How does coverage work for people with Medicare and Medi-Cal?

If you have both Medicare and Medi-Cal, Central Health will cover all benefits that are covered under Medicare, which includes most of your medical services and prescription drugs. Medi-Cal may help with some or all of your Medicare cost-sharing depending on your Medi-Cal eligibility category, and may cover some services that are not covered by Medicare. Remember to show your Medi-Cal card in addition to your Central Health member ID card when you visit providers. Providers should not bill you for any coinsurance or copay for Medicare-covered services (regardless of whether the provider is contracted with Medi-Cal).

Where can I find more information?

Member Services can help answer any questions you have about eligibility and benefits. Please call 1-866-314-2427 from 8:00 AM to 8:00 PM (PT), 7 days a week. TTY users should call 711. This Summary of Benefits is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, request the “Evidence of Coverage” or visit www.centralhealthplan.com. To learn more about Medicare, visit www.medicare.gov and download the “Medicare & You” handbook or call 1-800-Medicare (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



CENTRAL HEALTH MEDICARE PLAN



Premium
\$0 per month



Deductible
No deductible



Maximum Out-of-Pocket Responsibility
Limited to \$990 per year for medical costs



Inpatient Hospital Coverage*
\$0 per day for unlimited days



Outpatient Hospital Coverage*
\$0 (Refer to the Evidence of Coverage for more details)



Doctor Visits*
Primary Care Physician visit: \$0 | Specialist visit: \$0 | Telehealth: \$0



Preventive Care*
\$0



Emergency Care
\$50 (\$0 if admitted within 24 hours)



Urgently Needed Services
\$0

CENTRAL HEALTH MEDICARE PLAN (001)



Diagnostic Services/Labs/Imaging*

Diagnostic radiology (e.g., MRI): \$0 | Lab services: \$0
Diagnostic tests and procedures: \$0 | X-rays: \$0



Hearing Services*

Free routine hearing exam and hearing aid allowance up to \$2,000 per year through NationsHearing



Dental Services*

Comprehensive dental coverage including dentures and implants (*PLUS* \$0 oral exams, cleanings, and X-rays) through DeltaCare® USA



Vision Services*

Routine vision exam: \$0, once per year
Eyewear allowance: up to \$300 per year



Mental Health Services*

\$5 per outpatient visit



Skilled Nursing Facility*

\$0 for days 1-20, \$75 per day for days 21-65,
\$0 for days 66-100 (up to 100 days per benefit period)



Physical Therapy*

\$0



Ambulance*

Ground: \$40 per one-way trip
Air: 20% per one-way trip



Transportation*

\$0 for unlimited round-trips per year (50 mile limit per trip)

Services with a * may require prior authorization or a referral from your doctor.



CENTRAL HEALTH MEDICARE PLAN



Medicare Part B Drugs*
20%



Ambulatory Surgery Center*
\$0



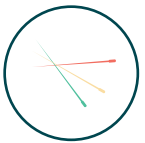
Diabetic Supplies*
Glucometer, test strips, lancets: \$0 through mail order
Limited to GLUCOCARD Shine or GLUCOCARD Expression



Durable Medical Equipment (DME)*
0% - 20%
0% DME items include canes, crutches, walkers, attachments, and commodes



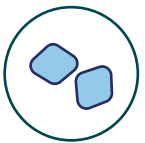
Gym/Fitness
Up to \$50 reimbursement per month for qualifying expenses



Acupuncture*
\$0 for up to 24 treatments per year



Over-the-Counter (OTC)
Up to \$125 allowance every three months through our mail order catalog
(no rollover)



Viagra®/sildenafil
\$75 per 30 day supply (6 pills) for Viagra®
\$0 per 30 day supply (6 pills) for sildenafil (generic)



Worldwide Coverage
Up to \$100,000 reimbursement for qualifying expenses
(urgently needed or emergency services only)



Grocery Delivery Benefit*
Members with qualifying conditions can request for one box of fresh produce delivered to your home each month. Contact Member Services for more information.

CENTRAL HEALTH MEDICARE PLAN (001)

Part D Prescription Drugs

Central Health Medicare Plan (001)

Deductible Stage

No deductible

Initial Coverage Stage

after the deductible is met

Retail
(30 day supply)

Mail Order
(100 day supply)

Tier 1 – Preferred Generic Drugs	\$0	\$0
Tier 2 – Generic Drugs	\$0	\$0
Tier 3 – Preferred Brand Drugs	\$35	\$70
Tier 4 – Non-Preferred Drugs	\$75	\$150
Tier 5 – Specialty Tier Drugs	33%	N/A
Tier 6 – Select Care Drugs	\$10	\$20

Coverage Gap Stage

after total yearly drug costs reach \$4,430

Retail
(30 day supply)

Mail Order
(100 day supply)

Tier 1 – Preferred Generic Drugs	\$0	\$0
Tier 2 – Generic Drugs	\$0	\$0
Tier 3 – Preferred Brand Drugs	Generic: You pay 25% of the cost Brand: You pay 25% of the cost and a portion of the dispensing fee (Long term supply not available for Tier 5)	
Tier 4 – Non-Preferred Drugs		
Tier 5 – Specialty Tier Drugs		
Tier 6 – Select Care Drugs		

Catastrophic Coverage Stage

after out-of-pocket costs reach \$7,050


The greater of: 5% of the cost or \$3.95 for generic (including brand drugs treated as generic) and \$9.85 for all other drugs



CENTRAL HEALTH PREMIER PLAN

	Your cost w/ Medicare only	Your cost w/ Medicare+full Medi-Cal
	Premium \$33.20 per month	\$0 if you qualify for Extra Help (LIS 1, 2, or 3)
	Deductible No deductible	No deductible
	Maximum Out-of-Pocket Responsibility Limited to \$6,700 per year for medical costs	
	Inpatient Hospital Coverage* \$1,484 deductible, \$0 for days 1-60, \$371 per day for days 61-90, \$742 per lifetime reserve day up to 60 days (may change in 2022)	\$0
	Outpatient Hospital Coverage* 20%	\$0
	Doctor Visits* Primary Care Physician visit: \$0 Specialist visit: \$0 / Telehealth: \$0	Primary Care Physician visit: \$0 Specialist visit: \$0 Telehealth: \$0
	Preventive Care* \$0	\$0
	Emergency Care 20% (up to \$75) \$0 if admitted within 24 hours	\$0
	Urgently Needed Services 20% (up to \$65)	\$0

CENTRAL HEALTH PREMIER PLAN (004)

	Your cost w/ Medicare only	Your cost w/ Medicare+full Medi-Cal
	Diagnostic Services/Labs/Imaging* Diagnostic radiology: 20% Lab services: \$0 Diagnostic tests and procedures: \$0 X-rays: 20%	Diagnostic radiology: \$0 Lab services: \$0 Diagnostic tests and procedures: \$0 X-rays: \$0
	Hearing Services* Free routine hearing exam and hearing aid allowance up to \$3,000 per year through NationsHearing	
	Dental Services* Comprehensive dental coverage including dentures and implants (PLUS \$0 oral exams, cleanings, and X-rays) through DeltaCare® USA	
	Vision Services* Routine vision exam: \$0, once per year Eyewear allowance: up to \$300 per year	
	Mental Health Services* \$0 per outpatient therapy visit	\$0 per outpatient therapy visit
	Skilled Nursing Facility* \$0 for days 1-20, \$185 per day for days 21-100 per benefit period (may change in 2022)	\$0 per day up to 100 days per benefit period
	Physical Therapy* \$0	\$0
	Ambulance* 20%	\$0
	Transportation* \$0 for unlimited round-trips per year (50 mile limit per trip)	

Services with a * may require prior authorization or a referral from your doctor.



CENTRAL HEALTH PREMIER PLAN

	Your cost w/ Medicare only	Your cost w/ Medicare+full Medi-Cal
	Medicare Part B Drugs* 20%	\$0
	Ambulatory Surgery Center* 20%	\$0
	Diabetic Supplies* Glucometer, test strips, lancets: \$0 through mail order Limited to GLUCOCARD Shine or GLUCOCARD Expression	
	Durable Medical Equipment (DME)* 20%	\$0
	Gym/Fitness Up to \$50 reimbursement per month for qualifying expenses	
	Acupuncture* \$0 for up to 30 treatments per year	
	Over-the-Counter (OTC) Up to \$250 allowance every three months through our mail order catalog (no rollover)	
	Viagra®/sildenafil 25% per 30 day supply (6 pills) for Viagra® \$0 per 30 day supply (6 pills) for sildenafil (generic)	
	Worldwide Coverage Up to \$100,000 reimbursement for qualifying expenses (urgently needed or emergency services only)	
	Grocery Delivery Benefit* Members with qualifying conditions can request for one box of fresh produce delivered to your home each month. Contact Member Services for more information.	

CENTRAL HEALTH PREMIER PLAN (004)

Part D Prescription Drugs

Central Health Premier Plan (004)

Deductible Stage

\$480 deductible (waived for Tiers 1-2)
No deductible if you have full Extra Help

Initial Coverage Stage

after the deductible is met

**Your cost without
Extra Help
(30 day supply)**

**Your cost with
full Extra Help
(per prescription)**

Tier 1 – Preferred Generic Drugs

\$0

\$0

Tier 2 – Generic Drugs

\$0

\$0

Tier 3 – Preferred Brand Drugs

25%

Tier 4 – Non-Preferred Drugs

25%

Tier 5 – Specialty Tier Drugs

25%

Tier 6 – Select Care Drugs

\$10

Depending on your level of
Extra Help, you pay:
Generic: \$0, \$1.35, or \$3.95
Brand: \$0, \$4.00, or \$9.85

Coverage Gap Stage

after total yearly drug costs reach \$4,430

**Your cost without
Extra Help
(30 day supply)**

**Your cost with
full Extra Help
(per prescription)**

Tier 1 – Preferred Generic Drugs

\$0

\$0

Tier 2 – Generic Drugs

\$0

\$0

Tier 3 – Preferred Brand Drugs

Tier 4 – Non-Preferred Drugs

Tier 5 – Specialty Tier Drugs

Tier 6 – Select Care Drugs

Generic: You pay 25%
of the cost
Brand: You pay 25% of the
cost and a portion of the
dispensing fee

Depending on your level of
Extra Help, you pay:
Generic: \$0, \$1.35, or \$3.95
Brand: \$0, \$4.00, or \$9.85

Catastrophic Coverage Stage

after out-of-pocket costs reach \$7,050

The greater of: 5% of the
cost or \$3.95 for generic
(including brand drugs treated
as generic) and \$9.85 for all
other drugs

\$0



CENTRAL HEALTH FOCUS PLAN



Premium
\$0 per month



Medicare Part B Premium Rebate
\$5 per month



Deductible
No deductible



Maximum Out-of-Pocket Responsibility
Limited to \$1,800 per year for medical costs



Inpatient Hospital Coverage*
\$0 per day for unlimited days



Outpatient Hospital Coverage*
\$0 (Refer to the Evidence of Coverage for more details)



Doctor Visits*
Primary Care Physician visit: \$0 | Specialist visit: \$0 | Telehealth: \$0



Preventive Care*
\$0



Emergency Care
\$50 (\$0 if admitted within 24 hours)



Urgently Needed Services
\$0

CENTRAL HEALTH FOCUS PLAN (006)



Diagnostic Services/Labs/Imaging*

Diagnostic radiology (e.g., MRI): \$0 | Lab services: \$0
Diagnostic tests and procedures: \$0 | X-rays: \$0



Hearing Services*

Free routine hearing exam and hearing aid allowance up to \$2,000 per year through NationsHearing



Dental Services*

Comprehensive dental coverage including dentures and implants (*PLUS* \$0 oral exams, cleanings, and X-rays) through DeltaCare® USA



Vision Services*

Routine vision exam: \$0, once per year
Eyewear allowance: up to \$150 per year



Mental Health Services*

\$5 per outpatient visit



Skilled Nursing Facility*

\$0 for days 1-20, \$75 per day for days 21-65,
\$0 for days 66-100 (up to 100 days per benefit period)



Physical Therapy*

\$0



Ambulance*

Ground: \$50 per one-way trip
Air: 20% per one-way trip



Transportation*

\$0 for unlimited round-trips per year (50 mile limit per trip)

Services with a * may require prior authorization or a referral from your doctor.



CENTRAL HEALTH FOCUS PLAN



Medicare Part B Drugs*

20%



Ambulatory Surgery Center*

\$0



Diabetic Supplies*

Glucometer, test strips, lancets: \$0 through mail order
Limited to GLUCOCARD Shine or GLUCOCARD Expression



Durable Medical Equipment (DME)*

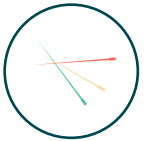
0% - 20%

0% DME items include canes, crutches, walkers, attachments, and commodes



Gym/Fitness

Up to \$50 reimbursement per month for qualifying expenses



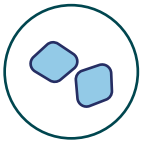
Acupuncture*

\$0 for up to 24 treatments per year



Over-the-Counter (OTC)

Up to \$125 allowance every three months through our mail order catalog
(no rollover)



Viagra®/sildenafil

\$75 per 30 day supply (6 pills) for Viagra®
\$0 per 30 day supply (6 pills) for sildenafil (generic)



Worldwide Coverage

Up to \$100,000 reimbursement for qualifying expenses
(urgently needed or emergency services only)



Grocery Delivery Benefit*

Members with qualifying conditions can request for one box of fresh produce delivered to your home each month. Contact Member Services for more information.

CENTRAL HEALTH FOCUS PLAN (006)

Part D Prescription Drugs

Central Health Focus Plan (006)

Deductible Stage

No deductible

Initial Coverage Stage

after the deductible is met

Retail
(30 day supply)

Mail Order
(100 day supply)

Tier 1 – Preferred Generic Drugs	\$0	\$0
Tier 2 – Generic Drugs	\$0	\$0
Tier 3 – Preferred Brand Drugs	\$35	\$70
Tier 4 – Non-Preferred Drugs	\$75	\$150
Tier 5 – Specialty Tier Drugs	33%	N/A
Tier 6 – Select Care Drugs	\$0	\$0

Coverage Gap Stage

after total yearly drug costs reach \$4,430

Retail
(30 day supply)

Mail Order
(100 day supply)

Tier 1 – Preferred Generic Drugs	\$0	\$0
Tier 2 – Generic Drugs	\$0	\$0
Tier 3 – Preferred Brand Drugs	Generic: You pay 25% of the cost Brand: You pay 25% of the cost and a portion of the dispensing fee (Long term supply not available for Tier 5)	
Tier 4 – Non-Preferred Drugs		
Tier 5 – Specialty Tier Drugs		
Tier 6 – Select Care Drugs	\$0	\$0

Catastrophic Coverage Stage

after out-of-pocket costs reach \$7,050

The greater of: 5% of the cost or \$3.95 for generic (including brand drugs treated as generic) and \$9.85 for all other drugs



CENTRAL HEALTH SAVINGS PLAN



Premium
\$0 per month



Medicare Part B Premium Rebate
\$125 per month



Deductible
No deductible



Maximum Out-of-Pocket Responsibility
Limited to \$2,900 per year for medical costs



Inpatient Hospital Coverage*
\$125 for days 1-5, \$0 for days 6+



Outpatient Hospital Coverage*
\$75 - \$225 (Refer to the Evidence of Coverage for more details)



Doctor Visits*
Primary Care Physician visit: \$0 | Specialist visit: \$5 | Telehealth: \$0



Preventive Care*
\$0



Emergency Care
\$120 (\$0 if admitted within 24 hours)



Urgently Needed Services
\$0

CENTRAL HEALTH SAVINGS PLAN (019)



Diagnostic Services/Labs/Imaging*

Diagnostic radiology (e.g., MRI): \$0-\$75 | Lab services: \$0
Diagnostic tests and procedures: \$0 | X-rays: \$0



Hearing Services*

Free routine hearing exam through NationsHearing. Hearing aids are not covered.



Dental Services*

Comprehensive dental coverage including dentures and implants (*PLUS* \$0 oral exams, cleanings, and X-rays) through DeltaCare® USA



Vision Services*

Routine vision exam: \$0, once per year
Eyewear allowance: up to \$125 per year



Mental Health Services*

\$40 per outpatient visit



Skilled Nursing Facility*

\$0 for days 1-20, \$100 per day for days 21-100



Physical Therapy*

\$5



Ambulance*

Ground: \$150 per one-way trip
Air: 20% per one-way trip



Transportation*

\$0 for unlimited round-trips per year (50 mile limit per one-way trip)

Services with a * may require prior authorization or a referral from your doctor.



CENTRAL HEALTH SAVINGS PLAN



Medicare Part B Drugs*

20%



Ambulatory Surgery Center*

\$0



Diabetic Supplies*

Glucometer, test strips, lancets: \$0 through mail order
Limited to GLUCOCARD Shine or GLUCOCARD Expression



Durable Medical Equipment (DME)*

20%



Gym/Fitness

Up to \$40 reimbursement per month for qualifying expenses



Acupuncture*

\$0 for up to 12 treatments per year



Over-the-Counter (OTC)

Up to \$100 allowance every three months through our mail order catalog
(no rollover)



Viagra®/sildenafil

\$99 per 30 day supply (6 pills) for Viagra®
\$0 per 30 day supply (6 pills) for sildenafil (generic)



Worldwide Coverage

Up to \$50,000 reimbursement for qualifying expenses
(urgently needed or emergency services only)

CENTRAL HEALTH SAVINGS PLAN (019)

Part D Prescription Drugs

Central Health Savings Plan (019)

Deductible Stage

No deductible

Initial Coverage Stage

after the deductible is met

Retail
(30 day supply)

Mail Order
(100 day supply)

Tier 1 – Preferred Generic Drugs	\$0	\$0
Tier 2 – Generic Drugs	\$10	\$20
Tier 3 – Preferred Brand Drugs	\$47	\$94
Tier 4 – Non-Preferred Drugs	\$99	\$198
Tier 5 – Specialty Tier Drugs	33%	N/A
Tier 6 – Select Care Drugs	\$10	\$20

Coverage Gap Stage

after total yearly drug costs reach \$4,430

Retail
(30 day supply)

Mail Order
(100 day supply)

Tier 1 – Preferred Generic Drugs	\$0	\$0
Tier 2 – Generic Drugs		
Tier 3 – Preferred Brand Drugs	Generic: You pay 25% of the cost Brand: You pay 25% of the cost and a portion of the dispensing fee (Long term supply not available for Tier 5)	
Tier 4 – Non-Preferred Drugs		
Tier 5 – Specialty Tier Drugs		
Tier 6 – Select Care Drugs		

Catastrophic Coverage Stage

after out-of-pocket costs reach \$7,050

The greater of: 5% of the cost or \$3.95 for generic (including brand drugs treated as generic) and \$9.85 for all other drugs



CENTRAL HEALTH MEDICARE PLAN

1540 Bridgegate Drive, Diamond Bar, CA 91765
Toll Free: 1-866-314-2427 TTY: 711
8:00 AM to 8:00 PM, 7 days a week
www.centralhealthplan.com

Central Health Medicare Plan is an HMO plan with a Medicare contract. Enrollment in Central Health Medicare Plan depends on contract renewal. This information is not a complete description of benefits. Call 1-866-314-2427 (TTY: 711) for more information. For the amounts that may change in 2022, the plan will provide updated rates as soon as Medicare releases them.