



**CENTRAL HEALTH  
MEDICARE PLAN**

# **SUMMARY OF BENEFITS 2022**

**CENTRAL HEALTH MEDI-MEDI PLAN (HMO D-SNP)**

**CONTACT US:**

**TOLL FREE : 1.866.314.2427    TTY: 711**



# CENTRAL HEALTH MEDI-MEDI PLAN

## About Central Health

Central Health Medicare Plan was founded in 2004 by local physicians in Southern California that were searching for the right healthcare solution for their diverse patients. Since then we have proudly served Medicare beneficiaries for more than 10 years by providing quality healthcare at affordable costs. We welcome you to learn more about the great benefits and service we offer.

## Who can join?

To join any of our plans, you must meet all of the following requirements:

- You have both Medicare Part A and Medicare Part B
- You live in our service area (Los Angeles County and San Bernardino County)
- You are a United States citizen or are lawfully present in the United States

To join Central Health Medi-Medi Plan HMO D-SNP (002), you must also have Medi-Cal.

## How do I enroll?

You have several options to enroll:

- **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.
- **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.
- **Enroll online.** Visit [www.medicare.gov](http://www.medicare.gov) to enroll online.

You should review the Pre-Enrollment Checklist before you complete the application. If you have questions or need assistance during the enrollment process, please contact Member Services.

## 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 a medical group. Your PCP will coordinate your care when you need to see specialists within the medical group or other providers. If you use providers or pharmacies that are not in our network, the plan may not pay for these services. Visit [www.centralhealthplan.com](http://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](http://www.centralhealthplan.com). To learn more about Medicare, visit [www.medicare.gov](http://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 MEDI-MEDI PLAN



## Premium

\$33.20 per month  
\$0 if you qualify for Extra Help (LIS 1, 2, or 3)



## Deductible

No deductible



## Maximum Out-of-Pocket Responsibility

\$0 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

\$0



## Urgently Needed Services

\$0

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

# CENTRAL HEALTH MEDI-MEDI PLAN (002)



## **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 \$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 visit



## **Skilled Nursing Facility\***

\$0 per day up to 100 days per benefit period



## **Physical Therapy\***

\$0



## **Ambulance\***

\$0



## **Transportation\***

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



# CENTRAL HEALTH MEDI-MEDI PLAN



## Medicare Part B Drugs\*

\$0



## Ambulatory Surgery Center\*

\$0



## Diabetic Supplies\*

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



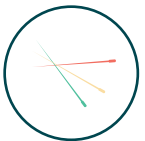
## Durable Medical Equipment (DME)\*

\$0



## Gym/Fitness

Up to \$50 reimbursement per month for qualifying expenses



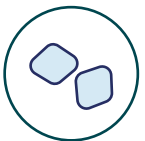
## Acupuncture\*

\$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 MEDI-MEDI PLAN (002)

## Part D Prescription Drugs

## Central Health Medi-Medi Plan (002)

### Deductible Stage

No deductible if you have full Extra Help  
\$99 deductible if you have partial Extra Help

### Initial Coverage Stage

after the deductible is met

The amount you pay depends on your level of Extra Help

	Level 1	Level 2	Level 3	Level 4
Tier 1 – Preferred Generic Drugs	\$0	\$0	\$0	\$0
Tier 2 – Generic Drugs	\$0	\$0	\$0	\$0
Tier 3 – Preferred Brand Drugs				
Tier 4 – Non-Preferred Drugs	Generic: \$3.95	Generic: \$1.35	\$0	15%
Tier 5 – Specialty Tier Drugs	Brand: \$9.85	Brand: \$4.00		
Tier 6 – Select Care Drugs				

### Coverage Gap Stage

after total yearly drug costs reach \$4,430

The amount you pay depends on your level of Extra Help

	Level 1	Level 2	Level 3	Level 4
Tier 1 – Preferred Generic Drugs	\$0	\$0	\$0	\$0
Tier 2 – Generic Drugs	\$0	\$0	\$0	\$0
Tier 3 – Preferred Brand Drugs				
Tier 4 – Non-Preferred Drugs	Generic: \$3.95	Generic: \$1.35	\$0	15%
Tier 5 – Specialty Tier Drugs	Brand: \$9.85	Brand: \$4.00		
Tier 6 – Select Care Drugs				

### Catastrophic Coverage Stage

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

\$0      \$0      \$0      Generic:\$3.95  
Brand: \$9.85

## Summary of Medi-Cal Benefits

Benefits and services covered by Medi-Cal are listed below. Cost-sharing and benefits differ depending on the level of Medi-Cal eligibility.

- Acupuncture Services †
- Acute Administrative Days
- Blood and Blood Derivatives
- Certified Family nurse practitioner
- Certified Pediatric Nurse Practitioner Services
- Child Health and Disability Prevention (CHDP) Program
- Chiropractic Services †
- Chronic Hemodialysis
- Community Based Adult Services (CBAS)
- Comprehensive Perinatal Services
- Durable Medical Equipment†
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services and EPSDT Supplemental Services
- Enhanced Case Management (ECM)
- Eyeglasses†, Contact Lenses†, Low Vision Aids, Prosthetic Eyes and Other Eye Appliances
- Federally Qualified Health Centers (FQHC) (Medi-Cal covered services only)
- Hearing Aids†
- Home Health Agency Services†
- Home Health Aide Services
- Hospice Care
- Hospital Outpatient Department Services† and Organized Outpatient Clinic Services
- Indian Health Services (Medi-Cal covered services only)
- In-Home Medical Care Waiver Services and Nursing Facility Waiver Services
- Inpatient Hospital Services†
- Intermediate Care Facility Services for the Developmentally Disabled
- Intermediate Care Facility Services for the Developmentally Disabled Habilitative
- Intermediate Care Facility Services for the Developmentally Disabled-Nursing.
- Intermediate Care Services
- Laboratory†, Radiological† and Radioisotope Services
- Licensed Midwife Services
- Long Term Care (LTC)
- Medical Supplies†
- Medical Transportation Services†
- Nurse Anesthetist Services
- Nurse Midwife Services
- Optometry Services
- Outpatient Mental Health†
- Organized Outpatient Clinic Services
- Pediatric Subacute Care Services
- Pharmaceutical Services and Prescribed Drugs
- Physician Services†
- Podiatry Services†
- Prosthetic and Orthotic Appliances†
- Physical Therapy†, Occupational Therapy†, Speech Pathology† and Audiological Services†
- Rehabilitation Center Outpatient Services
- Rehabilitation Center Services
- Renal Homotransplantation
- Requirements Applicable to EPSDT Supplemental Services.
- Respiratory Care Services
- Rural Health Clinic Services
- Scope of Sign Language Interpreter Services
- Skilled Nursing Facility Services†
- Special Duty Nursing
- Specialized Rehabilitative Services in Skilled Nursing Facilities and Intermediate Care Facilities
- State Supported Services
- Subacute Care Services
- Swing Bed Services
- Transitional Inpatient Care Services

Services marked with an † are also covered by Central Health Medi-Medi Plan (HMO D-SNP).





# 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](http://www.centralhealthplan.com)

Central Health Medi-Medi Plan is an HMO D-SNP plan with a Medicare and a State Medicaid 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. These are Special Supplemental Benefits for Chronic Illnesses. Certain qualifying conditions are required for members to access these benefits.