



Summary of Benefits

2024

Ventura

Central Health
Ventura Medi-Medi
Plan (HMO
D-SNP) (09)

2024 Summary of Benefits

Central Health Ventura Medi-Medi Plan (HMO D-SNP) H5649-009

January 1, 2024 - December 31, 2024.

Central Health Medicare Plan is an HMO SNP with a Medicare contract. Enrollment in Central Health Medicare Plan depends on contract renewal. The plan also has a written agreement with the CA Medicaid program to coordinate your Medicaid benefits.

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.

This plan is a **Dual Eligible Special Needs Plan (D-SNP)** for people who are eligible for both Medicare and Medicaid. As a dual eligible beneficiary, your services are paid first by Medicare and then by Medicaid. How much Medicaid covers depends on the type of Medicaid eligibility you have. To join **Central Health Ventura Medi-Medi Plan (HMO D-SNP)**, you must be in one of the following Medicaid eligibility categories:

- **Qualified Medicare Beneficiary (QMB):** Medicaid covers your Medicare Part A and B premiums, deductibles, coinsurance and copayment amounts. You are not otherwise eligible for any Medicaid benefits.
- **Qualified Medicare Beneficiary Plus (QMB+):** Medicaid covers your Medicare Part A and B premiums, deductibles, coinsurance and copayment amounts. You are also eligible for full Medicaid benefits, secondary to your Medicare coverage.
- **Full Benefit Dual Eligible – Medicaid Only:** You are eligible for full Medicaid benefits. Medicaid may provide some assistance with Medicare cost-sharing. Generally, your cost share is \$0 when the service is covered by both Medicare and Medicaid. There may be instances where you have to pay Medicare cost-sharing when the service or benefit is not covered by Medicaid.

If your category of Medicaid eligibility changes, your cost-share may also increase or decrease. You must remain eligible for and enrolled in Medicaid to stay enrolled in this plan. You also 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 county in California: Ventura.

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 Ventura Medi-Medi Plan (HMO D-SNP) (09)	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 \$0 annually	\$0
Inpatient Hospital*	\$0 per stay	\$0 copay
Outpatient Hospital*‡	\$0 copay	\$0 copay
Ambulatory Surgery Center*	\$0 copay	\$0 copay
Doctor Visits <ul style="list-style-type: none"> • Primary care providers • Specialists* 	\$0 copay \$0 copay	\$0 copay \$0 copay
Preventive Care Other preventive services are available. <ul style="list-style-type: none"> • 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 copay	\$0 copay

* Services may require authorization.

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

Premium & Benefits	Central Health Ventura Medi-Medi Plan (HMO D-SNP) (09)	Your Cost w/ Medicare+full Medi-Cal
Urgent Care	\$0 copay	\$0 copay
Diagnostic Services/Labs/ Imaging* <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 Ventura Medi-Medi Plan (HMO D-SNP) (09)	Your Cost w/ Medicare+full Medi-Cal
<p>Dental Services†</p> <ul style="list-style-type: none"> • Medicare-covered dental services* • Preventive dental (e.g., oral exam, x-rays, cleanings) <p>Comprehensive Dental*</p> <ul style="list-style-type: none"> • Diagnostic services • Restorative services • Endodontics • Periodontics • Extractions • Prosthodontics, other oral/ maxillofacial surgery, other services • Non-routine services 	<p>\$0 copay</p> <p>\$0 - \$41 copay</p> <p>\$0 - \$15 copay</p> <p>\$0 - \$424 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 - \$237 copay</p> <p>\$0 - \$2,160 copay</p> <p>\$0 - \$166 copay</p>	<p>\$0 copay</p> <p>Refer to Medi-Cal handbook for details about your Medi-Cal benefits.</p> <p>Refer to Medi-Cal handbook for details about your Medi-Cal benefits.</p>
<p>Vision Services*†</p> <ul style="list-style-type: none"> • Medicare-covered eye exams • Medicare-covered eyewear • Routine eye exam • Retinal imaging • Eyewear allowance 	<p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>One exam per year \$0 copay</p> <p>One exam per year Up to \$300 per year</p>	<p>\$0 copay</p> <p>\$0 copay</p> <p>Refer to Medi-Cal handbook for details about your Medi-Cal benefits.</p>
<p>Mental Health Services*</p> <ul style="list-style-type: none"> • Outpatient individual therapy • Outpatient group therapy 	<p>\$0 copay</p> <p>\$0 copay</p>	<p>\$0 copay</p> <p>\$0 copay</p>
<p>Skilled Nursing Facility (SNF)*</p>	<p>\$0 copay per day for days 1 - 100</p>	<p>\$0 copay</p>

† Limitations may apply. See your EOC for details.

* Services may require authorization.

Premium & Benefits	Central Health Ventura Medi-Medi Plan (HMO D-SNP) (09)	Your Cost w/ Medicare+full Medi-Cal
Physical Therapy*	\$0 copay	\$0 copay
Ambulance (Ground)*	\$0 copay per ride	\$0 copay
Ambulance (Air)*	\$0 copay	\$0 copay
Transportation*	\$0 for 24 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* <ul style="list-style-type: none"> • Chemotherapy drugs • Other Part B drugs • Part B insulin drugs 	\$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay \$0 copay

* Services may require authorization.

Outpatient Prescription Drugs

Central Health Ventura Medi-Medi Plan (HMO D-SNP) (09)

**Part D Deductible
(Tiers 2 to 5)**

\$0¹

¹Depending 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

Tier 3 – Preferred Brand

\$0, \$1.55 or \$4.50 for generic drugs¹

Tier 4 – Non-Preferred Brand

\$0, \$4.60 or \$11.20 for brand drugs¹

Tier 5 – Specialty Tier

Tier 6 – Select Care

\$0 copay

\$0 copay

¹Depending on the level of Extra Help that you receive

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, \$1.55 or \$4.50 for generic drugs¹

Tier 3 - Preferred Brand

\$0, \$4.60 or \$11.20 for brand drugs¹

Tier 4 - Non-preferred Drug

Tier 5 - Specialty

Tier 6 – Select Care

\$0 copay

\$0 copay

¹Depending on the level of Extra Help that you receive

Outpatient Prescription Drugs

Central Health Ventura Medi-Medi Plan (HMO D-SNP) (09)

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 Ventura Medi-Medi Plan (HMO D-SNP) (09)
24/7 Telehealth	\$0 copay
Acupuncture* <ul style="list-style-type: none"> • Medicare-covered acupuncture 	\$0 copay
Chiropractic Services* <ul style="list-style-type: none"> • Medicare-covered chiropractic care 	\$0 copay
Durable Medical Equipment (DME)*	\$0 copay
Flex Card You will have one card to use at retail locations for all of your individual benefits listed below: <ul style="list-style-type: none"> • Over-The-Counter (OTC) Items • Fitness Allowance 	Up to \$47 every month Up to \$20 every month
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.
Meals (Made Easy Meals)*‡	Receive 14 meals each month, for 12 months (168 total meals). Meal delivery is included 1 time per month.

* Services may require authorization.

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

Extra Benefits	Central Health Ventura Medi-Medi Plan (HMO D-SNP) (09)
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 <ul style="list-style-type: none"> • Urgent Care • Emergency Room • Emergency Transportation 	\$0 copay Coverage up to \$50,000

* Services may require authorization.

Summary of Medi-Cal covered benefits

Services available through Central Health Medicare Plan California

In addition to the Medicare services described in the Summary of Benefits, you may be eligible for the following Medi-Cal benefits based on the level of your Medi-Cal coverage. For eligibility rules, a complete list of services, and additional information about Medi-Cal benefits, please visit: www.centralhealthplan.com.

Inpatient Hospital Care	Diagnostic Tests, Lab and Radiology Services, and X-Rays
Inpatient Mental Health Care	Outpatient Hospital Services
Skilled Nursing Facility (SNF)	Outpatient Substance Abuse Services
Emergency Care	Renal Dialysis
Urgently Needed Services	Ambulance Services
Home Health Care	Routine Transportation
Hospice	Diabetes Supplies and Services
Doctor Office Visits	Durable Medical Equipment (DME)
Preventive Care	Prosthetic Devices
Foot Care	Immunizations
Telemedicine	Dental Services
Speech Therapy	Vision Services
Physical Therapy/Occupational Therapy	Hearing Services
Mental Health Care	Prescription Drug Benefits

The categories above are subject to the coverage and limitation policies listed in your Medi-Cal contract.

Have Questions? What you pay for covered services may depend on your level of Medi-Cal eligibility. If you have questions about your Medi-Cal eligibility and what benefits you are entitled to, please call: 1-800-221-3943