

Summary of Benefits

2025

Alameda
Contra Costa
Fresno
Imperial
Kern
Kings
Madera
Placer
Sacramento

San Francisco
San Joaquin
San Mateo
Santa Clara
Solano
Stanislaus
Tulare
Yolo

**Central Health
Classic Care Plan II
(HMO) (28)**

2025 Summary of Benefits

Central Health Classic Care Plan II (HMO) H5649-028

January 1, 2025 - December 31, 2025.

Central Health Medicare Plan is an HMO/HMO SNP 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 Classic Care 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, Imperial, Kern, Kings, Madera, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Stanislaus, Tulare and Yolo.

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 a.m. – 8 p.m. PST, 7 days a week (October 1 – March 31) & Monday – Friday (April 1 – September 30) or visit our website at www.centralhealthplan.com.

Premium & Benefits	Central Health Classic Care Plan II (HMO) (28)
<p>Monthly Plan Premium</p> <p>You must keep paying your Medicare Part B premium.</p>	<p>\$0</p>
<p>Deductible</p>	<p>No deductible</p>
<p>Maximum Out-of-Pocket Responsibility (does not include prescription drugs)</p>	<p>No more than \$2,499 annually</p>
<p>Inpatient Hospital*</p>	<p>\$150 copay per day for days 1 - 6</p> <p>\$0 copay per day for days 7 - 90</p>
<p>Outpatient Hospital*‡</p>	<p>\$0 - \$250 copay</p>
<p>Ambulatory Surgery Center*</p>	<p>\$0 - \$100 copay</p>
<p>Doctor Visits</p> <ul style="list-style-type: none"> • Primary care providers • Specialists* 	<p>\$0 copay</p> <p>\$10 copay</p>
<p>Preventive Care</p> <p>Other preventive services are available.</p> <ul style="list-style-type: none"> • Flu vaccine, diabetic screenings, etc.* 	<p>\$0 copay</p>
<p>Emergency Care</p> <p>Copayment waived if admitted to the hospital or readmitted to the ER within 72 hours</p>	<p>\$0 - \$140 copay</p>
<p>Urgent Care</p>	<p>\$0 copay</p>

* Services may require authorization.

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

Premium & Benefits	Central Health Classic Care Plan II (HMO) (28)
<p>Diagnostic Services/Labs/Imaging*</p> <ul style="list-style-type: none"> • Diagnostic tests and procedures • Lab services • MRI, CAT scan • X-rays 	<p>\$0 copay</p> <p>\$0 copay</p> <p>\$200 copay</p> <p>\$0 copay</p>
<p>Hearing Services*</p> <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 	<p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$575 copay per hearing aid for the entry model</p> <p>\$699 copay per hearing aid for the basic model</p> <p>\$999 copay per hearing aid for the prime model</p> <p>\$1,399 copay per hearing aid for the preferred model</p> <p>\$1,599 copay per hearing aid for the advanced model</p> <p>\$2,099 copay per hearing aid for the premium model</p> <p>You receive 2 hearing aids every year</p>

* Services may require authorization.

Premium & Benefits	Central Health Classic Care Plan II (HMO) (28)
<p>Dental Services†*</p> <ul style="list-style-type: none"> • Medicare-covered dental services • Preventive dental <ul style="list-style-type: none"> ◦ Oral exams ◦ X-rays ◦ Cleanings <p>Comprehensive Dental*</p> <ul style="list-style-type: none"> • Restorative Services • Endodontics • Periodontics • Prosthodontics removable • Prosthetics • Implant Services • Prosthodontics fixed • Oral and Maxillofacial Surgery • Orthodontics • Adjunctive General Services 	<p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$25 - \$400 copay</p> <p>\$25 - \$720 copay</p> <p>\$0 - \$780 copay</p> <p>\$0 - \$600 copay</p> <p>Not Covered</p> <p>\$45 - \$2,160 copay</p> <p>\$0 - \$840 copay</p> <p>\$0 - \$380 copay</p> <p>Not Covered</p> <p>\$0 - \$300 copay</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</p> <p>\$0 copay</p> <p>One exam per year</p> <p>Up to \$300 per year</p>
<p>Mental Health Services*</p> <ul style="list-style-type: none"> • Outpatient individual therapy • Outpatient group therapy 	<p>\$10 copay</p> <p>20% coinsurance</p>

† Limitations may apply. See your EOC for details.

* Services may require authorization.

Premium & Benefits	Central Health Classic Care Plan II (HMO) (28)
Skilled Nursing Facility (SNF)*	\$0 copay per day for days 1–20 \$204 copay per day for days 21–100 These are 2024 cost-sharing amounts and may change for 2025. We will provide updated rates at www.centralhealthplan.com as soon as they are released.
Physical Therapy*	\$0 copay
Ambulance (Ground)*	\$0 - \$250 copay per ride
Ambulance (Air)*	20% coinsurance
Transportation*	\$0 for 24 one-way trips to plan approved locations (up to 50 mile limit)
Medicare Part B Drugs* <ul style="list-style-type: none"> • 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

* Services may require authorization.

Outpatient Prescription Drugs

Central Health Classic Care Plan II (HMO) (28)

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

\$100

Retail Rx 31-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 Phase until your year-to-date “out-of-pocket costs” (your payments) reach a total of \$2,000

Tier 1 – Preferred Generic

\$0 copay

\$0 copay

Tier 2 – Generic

\$0 copay

\$0 copay

Tier 3 – Preferred Brand

\$35 copay

\$70 copay

Tier 4 – Non-Preferred Brand

\$100 copay

\$200 copay

Tier 5 – Specialty Tier

31% of the cost

Not available

Tier 6 – Select Care

\$0 copay

\$0 copay

Catastrophic Coverage

You are in this stage after your year-to-date “out-of-pocket costs” (your payments) reach a total of \$2,000

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, 2025).

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 Classic Care Plan II (HMO) (28)
24/7 Telehealth	\$0 copay
Acupuncture* <ul style="list-style-type: none"> • Medicare-covered acupuncture • Routine acupuncture 	\$0 copay \$0 copay Up to 30 visits every year combined with Routine Chiropractic services.
Chiropractic Services* <ul style="list-style-type: none"> • Medicare-covered chiropractic care • Routine chiropractic care 	\$0 copay \$0 copay Up to 30 visits every year combined with Routine Acupuncture services.
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: <ul style="list-style-type: none"> • Over-The-Counter (OTC) Items, including OTC Hearing Aids • Fitness Allowance 	Up to \$129 every 3 months Up to \$60 every month
Gym Membership*	\$0 copay
Healthy Foods Allowance‡* This is a special supplemental benefit for the chronically ill (SSBCI). Enrollee must have cardiac arrhythmia, coronary artery disease, peripheral vascular disease, chronic venous thromboembolic disorder, congestive heart failure (CHF), dementia, or diabetes to be eligible. Not all members with qualifying conditions will be eligible for the benefit.	Up to \$50 each month for healthy foods for members with a qualifying chronic condition

* Services may require authorization.

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

Extra Benefits	Central Health Classic Care Plan II (HMO) (28)
Meals (Made Easy Meals)*‡	Receive 15 meals each week, for 6 weeks (90 total meals) for a \$0 copay per meal. Meal delivery is included 1 time per week. Receive up to 30 additional meals for a \$5 copay per meal.
Personal Emergency Response System (PERS)*	\$0 copay
Worldwide Emergency Care <ul style="list-style-type: none"> • Urgent Care • Emergency Room • Emergency Transportation 	\$140 copay Coverage up to \$50,000
Optional Supplemental Enhanced Dental Benefits	<p>Additional dental coverage is available for \$21 per month.</p> <p>Coverage is up to \$1,500 per year for non-network providers</p> <p>Preventive dental services: 10% coinsurance Comprehensive dental services: 70% coinsurance</p>

* Services may require authorization.

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