

# Central Health Medi-Medi Plan I (HMO D-SNP) | 2025 Summary of Benefits



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**If you have questions**, please call Central Health Medi-Medi Plan I (HMO D-SNP) at 1-866-314-2427, TTY: 711, 8 a.m. – 8 p.m. PST, 7 days a week (October 1 – March 31) & Monday – Friday (April 1 – September 30). The call is free. **For more information**, visit <https://www.centralhealthplan.com>.

# Central Health Medi-Medi Plan I (HMO D-SNP)

## California H5649-002

Serving the following counties: Los Angeles, Riverside, Sacramento, San Bernardino, and San Diego

**Effective January 1 through December 31, 2025**

### Introduction

This document is a brief summary of the benefits and services covered by Central Health Medi-Medi Plan I (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Central Health Medi-Medi Plan I (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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## A. Disclaimers



This is a summary of health services covered by Central Health Medi-Medi Plan I (HMO D-SNP) for 1/1/2025. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- ❖ The 2025 Member Handbook will be available by October 15. An up-to-date copy of the 2025 Member Handbook is always available on our website at [www.centralhealthplan.com](http://www.centralhealthplan.com). You may also call Member Services at 1-866-314-2427, TTY 711, 8 a.m. – 8 p.m. PST, 7 days a week (October 1 – March 31) & Monday – Friday (April 1 – September 30) to ask us to mail you a 2025 Member Handbook.
- ❖ Central Health Medi-Medi Plan I (HMO D-SNP) is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Central Health Medi-Medi Plan I (HMO D-SNP) depends on contract renewal.
- ❖ Central Health Plan of California, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.
- ❖ Eligibility for the Model Benefit or RI Programs under the VBID Model is not assured and will be determined by the MAO after enrollment, based on relevant criteria (e.g., clinical diagnoses, eligibility criteria, participation in a disease state management program).
- ❖ Medicare approved Central Health Medi-Medi Plan I (HMO D-SNP) to provide lower copayments on Part D Prescription Drugs as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans.
- ❖ For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. For more information about **Medi-Cal**, you can check the California Department of Healthcare Services (DHCS) website ([www.dhcs.ca.gov/](http://www.dhcs.ca.gov/)) or contact the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m. You can also call the special Ombudsman for people who have both Medicare and Medi-Cal, at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-866-314-2427, TTY 711, 8 a.m. – 8 p.m. PST, 7 days a week (October 1 – March 31) & Monday – Friday (April 1 – September 30). The call is free. This document is available for free in Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Hindi, Hmong, Japanese, Korean, Laotian, Mien, Punjabi, Russian, Tagalog, Thai, Ukrainian, and Vietnamese



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- To request your preferred language other than English and/or alternate format, call Member Services at 1-866-314-2427, TTY: 711, 8 a.m. – 8 p.m. PST 7 days a week (October 1 – March 31) & Monday – Friday (April 1 – September 30)• We will maintain a record of our member’s preferred language and/or format preferences, and we will keep this information as a standing request for future mailings and communications. This will ensure that our members will not have to make a separate request each time.
- To change a standing request, call Member Services at 1-866-314-2427, TTY: 711, 8 a.m. – 8 p.m. PST 7 days a week (October 1 – March 31) & Monday – Friday (April 1 – September 30)

## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
<b>What is a Medicare-Medi-Cal Plan?</b>	A Medicare-Medi-Cal Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It is for people age 21 and older. A Medicare-Medi-Cal Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has care coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need.
<b>Will I get the same Medicare and Medi-Cal benefits in &lt;Central Health Medi-Medi Plan I (HMO D-SNP) that I get now?</b>	<p>You will get most of your covered Medicare and Medi-Cal benefits directly from Central Health Medi-Medi Plan I (HMO D-SNP). You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency like In-Home Supportive Services (IHSS), specialty mental health and substance use disorder services, or regional center services.</p> <p>When you enroll in Central Health Medi-Medi Plan I (HMO D-SNP), you and your care team will work together to develop an Individualized Plan of Care <i>or</i> a care plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that Central Health Medi-Medi Plan I (HMO D-SNP) does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for Central Health Medi-Medi Plan I (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.</p>
<b>Can I go to the same doctors I use now?</b>	Often that is the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Central Health Medi-Medi Plan I (HMO D-SNP) and have a contract with us, you can keep going to them.



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Frequently Asked Questions	Answers
	<ul style="list-style-type: none"> <li>• Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. <b>You must use the providers in Central Health Medi-Medi Plan I (HMO D-SNP)’s network.</b> If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.</li> <li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Central Health Medi-Medi Plan I (HMO D-SNP)’s plan.</li> <li>• If you are currently under treatment with a provider that is out of Central Health Medi-Medi Plan I (HMO D-SNP)’s network or have an established relationship with a provider that is out of Central Health Medi-Medi Plan I (HMO D-SNP)’s network, call Member Services to check about staying connected and ask for continuity of care. Central Health Medi-Medi Plan I (HMO D-SNP) must provide members with a 12-month continuity of care period from the date of your enrollment in the plan, for primary and specialty providers with whom you have a pre-existing relationship and who are willing to work with the our plan. Central Health Medi-Medi Plan I (HMO D-SNP) will provide access to medically necessary Medicare-covered Durable Medical Equipment and medical supplies.</li> </ul> <p>To find out if your doctors are in the plan’s network, call Member Services at the numbers listed at the bottom of this page or read Central Health Medi-Medi Plan I (HMO D-SNP)’s <i>Provider and Pharmacy Directory</i> on the plan’s website at <a href="https://www.centralhealthplan.com">https://www.centralhealthplan.com</a></p> <p>If Central Health Medi-Medi Plan I (HMO D-SNP) is new for you, we will work with you to develop an Individualized Plan of Care to address your needs.</p>
<p><b>What is a Central Health Medi-Medi Plan I (HMO D-SNP) care coordinator?</b></p>	<p>A Central Health Medi-Medi Plan I (HMO D-SNP) care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.</p>
<p><b>What are Long-term Services and Supports (LTSS)?</b></p>	<p>Long-term Services and Supports (LTSS) are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing</p>

Frequently Asked Questions	Answers
	home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.
<b>What is a Multipurpose Senior Services Program (MSSP)?</b>	A MSSP provides on-going care coordination with health care providers beyond what your health plan already provides and can connect you to other needed community services and resources. This program helps you get services that help you live independently in your home.
<b>What happens if I need a service but no one in Central Health Medi-Medi Plan I (HMO D-SNP)'s network can provide it?</b>	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Central Health Medi-Medi Plan I (HMO D-SNP) will pay for the cost of an out-of-network provider.
<b>Where is Central Health Medi-Medi Plan I (HMO D-SNP) available?</b>	The service area for this plan includes: Los Angeles; Riverside; Sacramento; San Bernardino; San Diego, CA. You must live in this area to join the plan.  Call Member Services at the numbers listed at the bottom of this page for more information about whether the plan is available where you live.
<b>What is prior authorization?</b>	Prior authorization means an approval from Central Health Medi-Medi Plan I (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network <b>before</b> you get the services. Central Health Medi-Medi Plan I (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.  <b>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.</b> Central Health Medi-Medi Plan I (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Central Health Medi-Medi Plan I (HMO D-SNP) before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.
<b>What is a referral?</b>	A referral means that your primary care provider (PCP) must give you approval to go to someone that is not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP Central Health Medi-Medi Plan I (HMO D-SNP) may not cover the services. Central Health Medi-Medi Plan I (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PCP before the service is provided.

Frequently Asked Questions	Answers
	Refer to the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP
<b>Do I pay a monthly amount (also called a premium) under Central Health Medi-Medi Plan I (HMO D-SNP)?</b>	No. Because you have Medi-Cal, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
<b>Do I pay a deductible as a member of Central Health Medi-Medi Plan I (HMO D-SNP)?</b>	No. You do not pay deductibles in Central Health Medi-Medi Plan I (HMO D-SNP).
<b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of Central Health Medi-Medi Plan I (HMO D-SNP)?</b>	There is no cost sharing for medical services in Central Health Medi-Medi Plan I (HMO D-SNP), so your annual out-of-pocket costs will be \$0.



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## C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need hospital care</b>	Hospital stay	\$0	There is no coinsurance, copayment, or deductible for this benefit. Authorization rules may apply. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Doctor or surgeon care	\$0	Authorization rules may apply. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Outpatient hospital services, including observation	\$0	Authorization rules may apply. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Ambulatory surgical center (ASC) services	\$0	Authorization rules may apply. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
<b>You want a doctor</b>	Visits to treat an injury or illness	\$0	As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You want a doctor</b>	Specialist care	\$0	Authorization rules may apply. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Wellness visits, such as a physical	\$0	Annual Wellness visit every 12 months. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	COVID-19 testing and vaccines	\$0	As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	“Welcome to Medicare” (preventative visit one time only)	\$0	As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
<b>You need emergency care</b>	Emergency room services	\$0	You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories, without prior authorization. You are covered for worldwide emergency, urgent care services, and emergency transportation services up to \$100,000 each calendar year.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Urgent care	\$0	<p>You may get urgent care services whenever you need it, anywhere in the United States or its territories, without prior authorization.</p> <p>You are covered for worldwide emergency, urgent care services, and emergency transportation services up to \$100,000 each calendar year.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
<b>You need medical tests</b>	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	<p>Authorization rules may apply.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	Lab tests and diagnostic procedures, such as blood work	\$0	<p>Authorization rules may apply.</p> <p>Genetic lab testing requires prior authorization. Outpatient Lab services do not require prior authorization.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need hearing/auditory services</b></p>	<p>Hearing screenings</p>	<p>\$0</p>	<p>Our plan covers 1 routine hearing exam every year, and 1 fitting /evaluation for hearing aids every calendar year from a plan-approved provider. You must use the plan vendor to access this benefit.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	<p>Hearing aids</p>	<p>\$0</p>	<p>Authorization rules may apply.</p> <p>Our plan covers up to \$3,000 for hearing aids every year. This amount may be used for one ear or for two ears.</p> <p>You are responsible for any amounts beyond this limit.</p> <p>You must obtain your hearing aids from a plan-approved vendor.</p>
<p><b>You need dental care</b></p>	<p>Dental check-ups and preventive care</p>	<p>\$0</p>	<p>See Preventive and Comprehensive Dental below for more information on dental check-ups and preventive care.</p>
	<p>Preventive and Comprehensive Dental</p>	<p>\$0</p>	<p>You have the following preventive services: Oral Exams, Cleanings, Fluoride Treatments, Dental X-Rays (Periapicals, Bitewings, and Panoramic). You have a \$1,000 benefit limit every year for comprehensive dental services.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			<p>A contracted provider in our dental network must be used for all dental services.</p> <p>See your Member Handbook for additional coverage details.</p> <p>Note: This coverage is for your Medicare Supplemental Dental Benefit. Some dental services are available through the Medi-Cal Dental Program. Dental benefits are available in the Medi-Cal Dental Program as fee-for-service. For more information, or if you need help finding a dentist who accepts the Medi-Cal Dental Program, contact the Customer Service Line at 1-800-322-6384 (TTY users call 1-800-735-2922). The call is free.</p> <p>Medi-Cal Dental Services Program representatives are available to assist you from 8:00 a.m. to 5:00 p.m., Monday through Friday. You can also visit the website at <a href="https://dental.dhcs.ca.gov/">dental.dhcs.ca.gov/</a> for more information.</p>
	Restorative and emergency dental care	\$0	<p>Authorization rules may apply.</p> <p>Refer to Medi-Cal website for dental care coverage details <a href="https://smilecalifornia.org/">https://smilecalifornia.org/</a></p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need eye care</b></p>	<p>Eye exams</p>	<p>\$0</p>	<p>Our plan provides one routine eye exam every calendar year.</p> <p>You may be able to access additional optometry services through your Medi-Cal benefits.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	<p>Glasses or contact lenses</p>	<p>\$0</p>	<p>Our plan provides a Medicare Supplemental Benefit allowance of \$300 every year for you to use for eyewear at a plan approved vendor.</p> <p>You may be able to access additional eye appliance and low vision aid services through your Medi-Cal benefits.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	<p>Other vision care</p>	<p>\$0</p>	<p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
<p><b>You need mental health services</b></p>	<p>Mental health services</p>	<p>\$0</p>	<p>There is a 190-day lifetime limit for Medicare-covered inpatient psychiatric hospital care. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			<p>You can receive outpatient group therapy visits and outpatient individual therapy visits.</p> <p>Authorization rules may apply.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
<b>You need a substance use disorder services</b>	Substance use disorder services	\$0	<p>Individual or group outpatient therapy visits.</p> <p>Intensive outpatient service.</p> <p>Authorization rules may apply.</p>
<b>You need a place to live with people available to help you</b>	Skilled nursing care	\$0	<p>You are covered for days 1-100 of a skilled nursing facility stay.</p> <p>No prior hospitalization is required.</p> <p>Authorization rules may apply.</p> <p>Medi-Cal also covers Skilled Nursing Facility services.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Nursing home care	\$0	As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Adult Foster Care and Group Adult Foster Care	\$0	As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	\$0	Authorization rules may apply. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
<b>You need help getting to health services</b>	Ambulance services	\$0	As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Emergency transportation	\$0	You may get emergency transportation services whenever you need it, anywhere in the United States or its territories, without prior authorization. You are covered for worldwide emergency, urgent care services, and emergency transportation services up to \$100,000 each calendar year. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Transportation to medical appointments and services	\$0	Our plan covers 24 one-way trips to plan approved locations (up to 50 mile limit)



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			<p>You are covered for additional routine transportation services under your Medi-Cal benefits.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
<p><b>You need drugs to treat your illness or condition (continued on the next page)</b></p>	<p>Medicare Part B prescription drugs</p>	<p>\$0</p>	<p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.</p> <p>Authorization rules may apply.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	<p>Medicare Part D prescription drugs</p>	<p>\$0 with Low-Income Subsidy/Extra Help for a 31-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to <b>Central Health Medi-Medi Plan I (HMO D-SNP)</b>'s <i>List of Covered Drugs (Drug List)</i> for more information.</p> <p>Because you have Medi-Cal, you are already enrolled in "Extra Help," also called the Low-Income Subsidy.</p> <p>In 2025, your cost for a prescription filled at a network pharmacy will be \$0</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (continued)</b></p>			<p>through all stages of the Part D Prescription Drug Benefit with the Value-Based Insurance Design (VBID)-enhanced benefit.</p> <p>Note: This coverage is for Medicare-covered Part D Prescription Drugs. Remember, you need your Medi-Cal card or Benefits Identification Card (BIC) to access Medi-Cal Rx covered drugs.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p> <p><b>Important Message About What You Pay for Vaccines</b> – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan’s List of Covered Drugs (Formulary). Our plan covers most Part D vaccines at no cost to you.</p>
	<p>Over-the-counter (OTC) drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please refer to &lt;plan name&gt;’s <i>List of Covered Drugs (Drug List)</i> for more information</p> <p>Our plan covers \$175 allowance per quarter for OTC items which includes</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition (continued)</b>			<p>access to a health and wellness herbal catalog.</p> <p>OTC hearing aids are covered and included in the OTC allowance.</p> <p>Note: This coverage is for your Medicare Supplemental OTC Benefit. Some over-the-counter (OTC) medications and certain vitamins may be covered by Medi-Cal Rx.</p> <p>Please visit the Medi-Cal Rx website (<a href="http://medi-calrx.dhcs.ca.gov">medi-calrx.dhcs.ca.gov</a>) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273.</p>
<b>You need help getting better or have special health needs</b>	Rehabilitation services	\$0	<p>Authorization rules may apply.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	Medical equipment for home care	\$0	<p>Authorization rules may apply.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	Dialysis services	\$0	<p>Authorization rules may apply.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need foot care</b>	Podiatry services	\$0	Authorization rules may apply. Podiatry services are covered under the Medi-Cal benefit. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Orthotic services	\$0	Authorization rules may apply. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
<b>You need durable medical equipment (DME)</b> <b>Note: This is not a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Member Handbook</i>.</b>	Wheelchairs, crutches, and walkers	\$0	Authorization rules may apply. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Nebulizers	\$0	Authorization rules may apply. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Oxygen equipment and supplies	\$0	Authorization rules may apply. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
<b>You need help living at home (continued on the next page)</b>	Home health services	\$0	Authorization rules may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need help living at home (continued)</b></p>			<p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	<p>Home services, such as cleaning or housekeeping, or home modifications such as grab bars</p>	<p>\$0</p>	<p>Our plan provides services to eligible members following discharge from the hospital or skilled nursing facility or through case management referral. Benefit includes assistance with activities of daily living, medication pick-ups, and shopping for groceries or other necessities. Up to 20 hours total for the calendar year.</p> <p>Authorization rules may apply.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	<p>Adult day health, Community Based Adult Services (CBAS), or other support services</p>	<p>\$0</p>	<p>CBAS is covered under your Medicaid benefits. CBAS is an outpatient, facility-based service program that delivers skilled nursing care, social services, therapies, personal care, family/caregiver training and support, meals and transportation to eligible Medi-Cal beneficiaries. Your Case Manager can help you obtain information about CBAS and whether you might qualify.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need help living at home (continued)</b></p>			<p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	<p>Day habilitation services</p>	<p>\$0</p>	<p>Authorization rules may apply.</p>
	<p>Services to help you live on your own (home health care services or personal care attendant services)</p>	<p>\$0</p>	<p>Personal care services may be available outside of our plan if you qualify for In-Home Supportive Services (IHSS). IHSS is provided by county agencies. The program helps qualified individuals to obtain services so they can remain safely in their own homes. Your care coordinator can help you obtain more information about IHSS and whether you might qualify.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your IHSS services with your Medicaid benefits if you qualify for them.</p>
<p><b>Additional services</b></p>	<p>Additional, 24/7 Telehealth</p>	<p>\$0</p>	<p>Includes Primary Care Physician Services.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	<p>Acupuncture</p>	<p>\$0</p>	<p>Includes Medicare-covered acupuncture and routine, unlimited acupuncture each year.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			Authorization rules may apply.
	Diabetes supplies and services	\$0	Authorization rules may apply. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Fitness Benefit	\$0	<p>You have access to contracted fitness facilities. Home fitness kits are available if you prefer to exercise at home or while traveling.</p> <p>You will also have \$20 per month to use for gym membership, general access to public sports facilities, group fitness classes, or new purchase of qualifying exercise equipment. You can also use those funds to order fitness equipment from the Plan's mail order catalog.</p> <p>Your fitness benefit is a Medicare Supplemental Benefit.</p> <p>Authorization rules may apply.</p>
	Health Education	\$0	<p>Programs to help you learn to manage your health conditions, including health education, learning materials, health advice, and care tips.</p> <p>Authorization rules may apply.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Healthy Foods Allowance	\$0	<p>You have \$25 each month for healthy foods if you have a qualifying chronic condition.</p> <p>This is a Special Supplemental Benefit for Chronic Illnesses. Certain qualifying conditions are required to access this benefit.</p> <p>Authorization rules may apply.</p>
	Herbal Catalog	\$0	<p>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.</p>
	In-Home Support Services	\$0	<p>You may qualify for up to 20 hours per calendar year. Not all members will qualify. Please see your Member Handbook or contact your care coordinator for more information.</p> <p>Authorization rules may apply.</p>
	Meal Benefit	\$0	<p>You are eligible for 2 different meals programs if you have a qualifying chronic condition.</p> <p>If you have a qualifying chronic condition, you are eligible to receive 14 meals each month, for 12 months (168</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			<p>total meals). Meal delivery is included 1 time per month.</p> <p>You are eligible to 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. This benefit can be used up to 4 times per year.</p> <p>Authorization rules may apply.</p>
	Medicare covered Chiropractic services	\$0	Authorization rules may apply.
	Non-Routine Transportation	\$0	<p>You can use up to 12 one-way rides from your routine transportation allowance for non-medical transportation to and from grocery stores, fitness clubs, and senior centers if you have a qualifying chronic condition.</p>
	OTC Hearing Aids	\$0	<p>OTC Hearing Aids 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.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Personal Emergency Response System (PERS)	\$0	Personal Emergency Response System (PERS) services are covered under the Medi-Cal benefit. Authorization rules may apply. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and any available Medi-Cal or waiver services
	Prosthetic services	\$0	Authorization rules may apply. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Radiation Therapy	\$0	Authorization rules may apply. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Scales	\$0	This is a Special Supplemental Benefit for Chronic Illnesses. Certain qualifying conditions are required to access this benefit. Authorization rules may apply.
	Services to help manage your disease	\$0	As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	24-Hour Nurse Advice Line	\$0	Available 24 hours a day, 7 days a week.

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the Central Health Medi-Medi Plan I (HMO D-SNP) *Member Handbook*. If you don't have a *Member*

**?** **If you have questions**, please call Central Health Medi-Medi Plan I (HMO D-SNP) at 1-866-314-2427, TTY: 711, 8 a.m. – 8 p.m. PST, 7 days a week (October 1 – March 31) & Monday – Friday (April 1 – September 30). The call is free. **For more information**, visit <https://www.centralhealthplan.com>. 25

*Handbook*, call Central Health Medi-Medi Plan I (HMO D-SNP) Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit [www.centralhealthplan.com](http://www.centralhealthplan.com).



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## D. Benefits covered outside of Central Health Medi-Medi Plan I (HMO D-SNP)

There are some services that you can get that are not covered by Central Health Medi-Medi Plan I (HMO D-SNP) but are covered by Medicare, Medi-Cal, or a State or county agency. This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
Certain dental services Dental Managed Care (DMC) member contact information can be found at <a href="http://www.dental.dhcs.ca.gov/Contact_Us/DMC_Member_Contact_Information/DMCMemberContactInformation">www.dental.dhcs.ca.gov/Contact_Us/DMC_Member_Contact_Information/DMCMemberContactInformation</a> .	\$0
Certain hospice care services covered outside of Central Health Medi-Medi Plan I (HMO D-SNP)	\$0
Psychosocial rehabilitation	\$0
Targeted case management	\$0
Rest home room and board	\$0
Medi-Cal Dental Program Medi-Cal Dental Program, contact the Customer Service	\$0
California Community Transitions (CCT) pre-transition coordination services and post-	\$0
Medicare-covered acupuncture for chronic lower back pain	\$0

## E. Services that Central Health Medi-Medi Plan I (HMO D-SNP), Medicare, and Medi-Cal do not cover

This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services Central Health Medi-Medi Plan I (HMO D-SNP), Medicare, and Medi-Cal do not cover	
Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, we pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.	Surgical treatment for morbid obesity, except when medically necessary and Medicare pays for it.



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<b>Services Central Health Medi-Medi Plan I (HMO D-SNP), Medicare, and Medi-Cal do not cover</b>	
Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary.	Personal items in your room at a hospital or a nursing facility, such as a telephone or television.
Private duty nurses (for adults)	Full-time nursing care in your home.
A private room in a hospital, except when medically necessary	Fees charged by your immediate relatives or members of your
Naturopath services	

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## F. Your rights as a member of the plan

As a member of Central Health Medi-Medi Plan I (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered

- Refuse treatment, even if your health care provider advises against it
- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion. Central Health Medi-Medi Plan I (HMO D-SNP) will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider’s office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
- **You have the right to file a complaint or appeal a denied, delayed, or modified service, please see section G below.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - Appeal certain decisions made by us or our providers
  - File a complaint with the California Department of Managed Health Care (DMHC) through a toll-free phone number (1-888-466-2219), or a TDD line (1-877-688-9891) for the hearing and speech impaired. The DMHC website ([www.dmhc.ca.gov/](http://www.dmhc.ca.gov/)) has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.



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- Ask DMHC for an IMR of Medi-Cal services or items that are medical in nature
- Ask for a State Hearing
- Get a detailed reason for why services were denied and ask for free copies of all the information used to make the decision

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call Central Health Medi-Medi Plan I (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

You can also call the special Ombudsman for people who have Medicare and Medi-Cal at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m., or the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m.

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## **G. How to file a complaint or appeal a denied, delayed, or modified service**

If you have a complaint or think Central Health Medi-Medi Plan I (HMO D-SNP) improperly denied, delayed, or modified a service, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also call Central Health Medi-Medi Plan I (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

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## **H. What to do if you suspect fraud**

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Central Health Medi-Medi Plan I (HMO D-SNP Member Services). Phone numbers are listed at the bottom of this page.
- Or, call the Medi-Cal Customer Service Center at 1-800-541-5555. TTY users may call 1-800-430-7077.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.



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**If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Central Health Medi-Medi Plan I (HMO D-SNP) Member Services:**

1-866-314-2427 Calls to this number are free. 8 a.m. – 8 p.m. PST, 7 days a week (October 1 – March 31) & Monday – Friday (April 1 – September 30). Member Services also has free language interpreter services available for non-English speakers.

TTY: 711

Calls to this number are free. 8 a.m. – 8 p.m. PST, 7 days a week (October 1 – March 31) & Monday – Friday (April 1 – September 30)

**If you have questions about your health:**

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call **Central Health Medi-Medi Plan I (HMO D-SNP)**'s Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (*Example:* urgent care, emergency room). The numbers for the **Central Health Medi-Medi Plan I (HMO D-SNP)**'s Nurse Advice Line are 1-866-314-2427.

Calls to this number are free. (24 hours a day, 7 days a week).

**Central Health Medi-Medi Plan I (HMO D-SNP)** also has free language interpreter services available for non-English speakers.



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