2024

Resource Guide

Your health is **central**
to everything we do!

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CHP_PY2024_REG_9.23_EN

Welcome to Central Health Medicare Plan

We're so glad you're here! As your health plan, we've made it our mission to provide you with healthcare that is simple to use and easy to access. Your plan has been carefully designed with benefits to meet your unique needs. Throughout this Resource Guide, you'll find helpful information about your plan benefits, who to call when you have questions, and how to get care when you need it.

While you're getting to know us and your plan, here are a few easy steps to help you get started:

Check your ID card

Make sure the primary care provider (PCP) and IPA listed on your ID card are correct. If they are not, please call us at 1-866-314-2427 as soon as possible to update.

Schedule your Annual Wellness Visit (AWV)

Call your PCP's office to schedule your AWV after your plan effective date. Find out more about your AWV on page 7.

Complete your Health Risk Assessment (HRA)

Your HRA form is included in your welcome packet. You can complete it on your own or over the phone with our friendly Member Services team (find their contact information on page 5). Fill out the form and mail it back to us in the envelope provided.

Get started with Rewards+

See page 11 to learn how you can earn valuable rewards for having your AWV, completing your HRA, and completing eligible preventive screenings. Annual screenings are a very important part of your care. Talk to your PCP during your next visit about which screenings you should have this year.

Understand and use your benefits

You can find your plan's detailed benefit coverage and costs in your Evidence of Coverage (EOC). To access your EOC, go to **centralhealthplan.com/Materials/EOC**. You can also call Member Services to request a printed copy.

Table of Contents

3 Welcome to Central Health Medicare Plan

5 Member Services

6 Your Central Health Medicare Plan ID Card

7-8 Your Primary Care Provider

- 7 Annual Wellness Visit
- 8 Understanding Your Plan's Network

9 24/7 Advice Lines

10 Urgently Needed Services

11-12 Rewards+ Program

13-15 Flex Card

- 14 Over-the-Counter Allowance
- 14 Healthy Foods Allowance
- 14 Fitness Allowance
- 14 Dental Allowance

16 Dental Coverage

17-18 Vision Coverage

19 Hearing Coverage

20 Acupuncture

21-22 Fitness Membership

23 Made Easy Meals

24 Transportation Services

25-26 Personal Emergency Response System

27-28 Prescription Drug Coverage

- 27 Generic vs Brand-Name Drugs
- 27 Extra Help
- 28-29 Prescriptions by Mail

30-31 Chronic Care Management Program

- 30 Your Care Manager
- 31 Your Personal Care Plan

32-33 Transition of Care Program

34-35 Medicare–Medi-Cal (Medi-Medi) Coverage

36 Member Advisory Council (MAC)

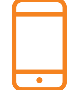
36-37 Your Right to Complain

38-41 Directory & Helpful Contacts

Member Services

We are here to help you.

Questions about your coverage? Need help understanding your bill? Our friendly Member Services team is here to help whenever you have a question about your plan. Our team is available 7 days a week to take your call — and we speak several languages!



Call Toll-Free

1-866-314-2427, TTY 711

Visit Our Website

centralhealthplan.com

Hours of Operation

8 AM to 8 PM, 7 days a week

Address

Central Health Medicare Plan
Attn: Member Services Department
PO Box 14244
Orange, CA 92863

Your Central Health Medicare Plan ID Card

Your member ID card is the key to your health plan. It includes details about your plan and tells your providers and pharmacy where to send claims so your care is covered.

It's important to bring your ID card to all your health-related appointments. Be sure to show your ID card at the pharmacy whenever you have a prescription filled. If you have a Medi-Cal card (from the state of California), please bring it with you as well.

Please review your ID card to make sure your PCP and IPA are listed correctly. If you need to make a change, or if you did not receive your ID card, please call our Member Services department as soon as possible at 1-866-314-2427 (TTY: 711), 8 a.m.–8 p.m., 7 days a week.

PLAN: <XXXXXXXX>
PLAN TYPE: <HMO>
NAME: <FIRST M. LAST>
ID: <XXXXXXXXXXXX>
Eff. Date: <MM/DD/CCYY>

CENTRAL HEALTH MEDICARE PLAN

PCP: <PCP Name> **PH:** <(XXX) XXX-XXXX>
GRP/IPA: <Physician/Group/IPA> **PH:** <(XXX) XXX-XXXX>
Copay: PCP: <$XX> **ER:** <$XX> **HOSP:** <$XX>

Prescription Drug Plan
RX GROUP: <XXXXXX> ISSUER: (80840)
RX BIN: <XXXXXX> PCN: <XXXXXX>

MedicareRx Prescription Drug Coverage

THIS CARD IS FOR IDENTIFICATION ONLY AND DOES NOT PROVE ELIGIBILITY FOR SERVICES. Contact Central Health Medicare Plan to confirm eligibility. All care must be arranged through your assigned contracted Primary Care Physician or Specialist.
NON-PLAN PROVIDERS / HOSPITAL EMERGENCY ROOM – Except in emergencies, members must obtain a prior authorization for physician and hospital services including post-stabilization.

Central Health Medicare Plan Member Services:
1-866-314-2427, TTY 711

Medical Claims Submission:
<PAYOR_NAME>
<PAYOR_ADDRESS1>
<PAYOR_CITY> <PAYOR_STATE>
<PAYOR_ZIP>
<PAYOR_PHONE><PAYOR_TTY>
www.centralhealthplan.com

Pharmacy Claims Submission:
Express Scripts, Attn: Medicare Part D
PO Box 14718
Lexington, KY 40512-4718
Help Desk: 1-877-657-2498
TTY: 1-800-899-2113
Fax: 1-608-741-5483

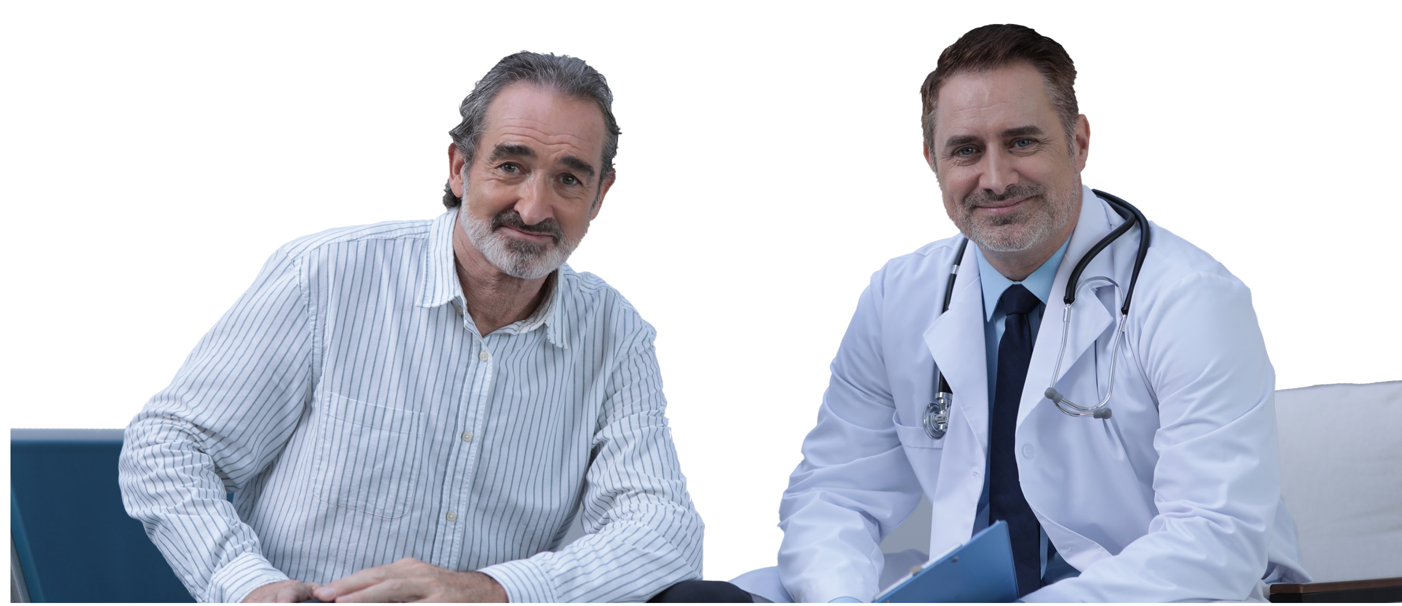
Your Primary Care Provider

Great care starts with your primary care provider (PCP).Your PCP is the doctor you'll see for regular wellness visits and other non-specialist services, and they're an important partner in your healthcare. They help coordinate your care, refer you to in-network specialists, and help you set goals to maintain good health.

Annual Wellness Visit (AWV)

One key to being healthy is prevention, and that begins with your yearly checkup, also known as your Annual Wellness Visit (AWV). During your AWV, your PCP will give you a thorough checkup. During your checkup, make sure to tell your PCP about any recent health changes and discuss your medications and dosages. In some instances, we partner with a third-party vendor to complete your AWV. Check with your PCP or medical group to see if they should be completing your AWV. For questions regarding this, please call our Member Services team.

If you ever have trouble getting in to see a provider, or if you would like to choose a different PCP, we're here to help! Call our friendly Member Services team to talk through your options.



Understanding Your Plan's Network

HMO

Your plan is part of a health maintenance organization, or HMO. In an HMO, you receive covered services from a specific network of doctors and other healthcare providers. You must select your PCP from this network.

IPA/Medical Group

Your PCP may also belong to a network called an independent practice association (IPA), or medical group. When you select a PCP, you also belong to that doctor's IPA/medical group. Some doctors belong to more than one IPA/medical group. When that's the case, you can choose which you would like to be assigned to, as long as that IPA/medical group belongs to Central Health Medicare Plan's network.

Specialists

When you need care from a specialist, your PCP will refer you to a provider within your assigned IPA's network. If your PCP does not belong to an IPA, they will refer you to a specialist within Central Health Medicare Plan's network of providers.

Why In-Network Works Better

Networks help save you money. When you see a provider within your assigned IPA, you not only get care from the doctors who know you best—you get it at the best value, too. If you are ever unable to find the doctor or care you need, you may need to change your assigned IPA. Find your available IPA networks at **centralhealthplan.com/NetworkProviders/Directory** or call Member Services for help selecting a new IPA.

Mid-Treatment Transition

Just joined your plan and in the middle of care or treatment with a specialist? As soon as you join Central Health Medicare Plan, contact your PCP to make sure your provider is in network. If they are out of network, your PCP will transfer you to an in-network specialist or work with your current provider to continue and finish your care.

A note about covered services: The benefit information provided in this guide does not list every service we cover or every limitation or exclusion. To get a complete list of services we cover, please review your Evidence of Coverage (EOC) at **centralhealthplan.com/Materials/EOC** or call Member Services to request a copy.

24/7 Advice Lines

24/7 Nurse Advice Line

Call 1-888-920-8809, TTY 711 to reach a nurse 24 hours a day, 7 days a week.

Central Health Plan offers a Nurse Advice Line that you can call to get advice about your health condition(s) and your health concerns. A nurse can give you information based on your signs and symptoms or let you know if you need to seek urgent care services. If you need an immediate diagnosis you can contact Teladoc 24 hours a day, 7 days a week.

24/7 Telehealth

Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video, or mobile app visits. Set up your account today so when you need care now, a Teladoc doctor is just a call or click away.

1. Set Up Your Account

Online:	**Mobile app:**	**Call Teladoc:**
Go to Teladoc.com and click “set up account”. **Teladoc.com**	Download the app and click “Activate account”. **Teladoc.com/mobile**	Teladoc can help you register your account over the phone. **1-800-Teladoc (835-2362) (TTY 1-855-636-1578)**

2. **Provide Medical History** - Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

3. **Request a Consult** - Once your account is set up, request a consult anytime you need care and talk to a doctor by phone, web, or mobile app.

Teladoc doctors can diagnose and treat many non-emergency medical conditions.

Talk to a nurse or doctor anytime for **free!**

Urgently Needed Services and Emergency Room

Knowing the right time to visit the right kind of provider is an important part of getting the best care and results in each situation.

Primary Care Provider (PCP)
- Checkups & immunizations
- Preventive care & screenings
- Sudden illness (like sore throat or rash)

Urgent Care
- Sprains or minor accidents
- Minor infections
- When you're unable to see your pcp

Emergency Room
- Major accidents
- Difficulty breathing
- Chest pain

You **do not** need to visit an in-network emergency room or receive an authorization for emergency care.

Urgent Care vs Emergency Room

	Urgent Care	Emergency Room
Cost	There is **no cost** for urgent care services	Your emergency services are covered and there may be a copay for your visit. You may also have a copay for ambulance services.
Which option is best?	Urgent care is used for injuries or illnesses that require immediate care that are not life-threatening.	Emergency room visits are for serious or life-threatening emergencies.
Things to consider	• Urgent care may save you time and money. • If you are away from home and need medical care, urgent care may be a good option. • If you have chest pain go to the emergency room.	If your condition is not life-threatening, please consider urgent care as an option instead of waiting in the emergency room.

Rewards+ Program

Taking Care of Yourself Can Be Rewarding!

As a Central Health Medicare Plan member, you are eligible to earn valuable rewards just for taking healthy actions, like completing your member Passport or your Health Risk Assessment (HRA). Complete your health activities before December 31 to earn your rewards.

Schedule a visit with your doctor to review the health screenings you need to complete this year. You'll find a list of screenings that are eligible for rewards on the next page.

Complete the preventive health tests before **December 31** to earn your reward(s). Your screenings need to take place after the start of your plan year in order to qualify.

Once we receive the completed screenings from your doctor, we will load your reward(s) amount onto your flex card.

Your flex card will be mailed to you. As you complete your activities, we'll add your reward funds to your card within 60-90 business days from completion date. Use your rewards dollars on a wide variety of products at any of the eligible retailers. We will keep adding rewards as you earn them all year, so hold onto your card!

Your reward funds are valid at the following types of retailers

- Grocery stores, supermarkets
- Convenience stores, markets, specialty stores, and vending machines
- Bakeries, eating places, and restaurants (except for fast food restaurants and bars)*
- Electronics sales
- Household appliance stores
- Hardware, lawn, and garden supply stores
- Gas stations

* Please note your reward funds cannot be used at wholesale clubs, discount retailers, or drugstores/pharmacies, fast food restaurants, and provider offices.

Rewards+ Program Incentives

Earn your rewards

Earning your rewards is much easier than you might imagine. In fact, many of your rewards are based on the healthy actions you already take every year.

$100 **Passport to a Healthy You (Passport)**

We will mail a Passport to you in the summer. The Passport provides you with information regarding important health screenings that you might need, and questions that you should discuss with your PCP. Please review and answer the questions in the Passport first. Then schedule an appointment with your PCP and go over the Passport together. Your PCP must sign your Passport electronically through our provider portal.

$25 **Health Risk Assessment (HRA)**

Complete and mail the form included in your welcome packet. If you need help completing the form, please call Member Services.

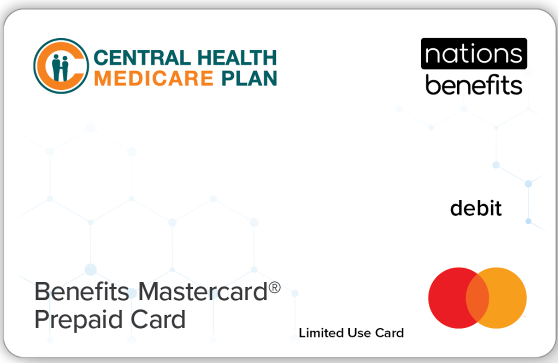
$25 **Mammogram**

Ask your PCP if you should complete a mammogram screening this year.

Not all members will qualify for all rewards. Qualification for screenings and tests are at the discretion of your provider.

Flex Card

Your plan includes a benefit allowance that you can use to purchase approved over-the-counter (OTC) and health-related items. Your plan may also include allowances for dental services, healthy foods, and fitness. To see which allowances are included in your plan, please refer to your Evidence of Coverage (EOC) at **centralhealthplan.com/Materials/EOC** or call Member Services to request a copy.



All your allowances are loaded onto an easy-to-use Benefits Mastercard® Prepaid Card from NationsBenefits. NationsBenefits will mail your flex card to you and your funds will be loaded onto it at the beginning of each month or quarter*. The allowances are not interchangeable; they are only valid for the benefit they apply to. For example, your OTC allowance is only valid on OTC items and cannot be used for dental services. Unused allowance amounts do not carry over to the next frequency period. Be sure to use them before they expire.

Over-the-Counter (OTC) Allowance

Use your flex card to purchase approved non-prescription health and wellness products and herbal supplements. The Centers for Medicare and Medicaid Services (CMS) limits your purchases to approved items only.

CMS-approved OTC items:

- Allergy, cold, flu, and sinus medications
- Antacids and acid reducers
- Anti-fungal and anti-itch items
- Dental and denture care
- Ear care
- Eye care
- First-aid and medical supplies
- Hemorrhoidal preparations
- Incontinence supplies
- Pain relievers and fever reducers
- Therapeutic skin and sun care
- Vitamins and minerals

**Frequency periods (i.e., monthly or quarterly) are dependent on your plan's benefits. Please refer to your EOC.*

Healthy Foods Allowance

Your plan may include a healthy foods allowance, which is available for qualifying members with an eligible chronic condition. This allowance can be used to purchase plan-approved healthy food items to help you maintain a well-balanced diet.

Plan-approved items:

- Fresh, canned, or frozen fruits and vegetables
- Meats
- Beans and legumes
- Healthy grains
- Canned soups
- Pantry stables such as flour and sugar
- Made Easy Meals through Healthrageous

Fitness Allowance

Your plan may also include an allowance that you can use to pay for gym memberships, fitness classes, equipment, and events to help you stay fit.

Note: Your fitness allowance is separate from your SilverSneakers fitness benefit. See page 21 for details about SilverSneakers.

Plan-approved purchases:

- Gym membership at participating locations
- Fitness activities and classes, such as yoga and ballroom dancing lessons
- One round of golf per day
- Home fitness equipment

Dental Allowance

Your plan may include a dental allowance to help pay for additional dental services. This allowance is in addition to your plan's dental benefit. You can use this dental allowance to pay for items such as:

- Copay amounts for covered dental services
- Additional comprehensive dental services, such as fillings, root canals, crowns, dentures and more

Note: Your dental allowance can be used at any qualified dental provider.

How to Purchase Eligible Items

You can purchase your health and wellness items through the following options:

Online in the Benefits Pro portal

The Benefits Pro portal is your one-stop shop for managing your flex card online. You can check your balance, order approved items, and find a list of approved retail locations.

Items purchased online through the Benefits Pro portal ship directly to your home for FREE! Scan the QR code to the right or go to **CentralHealthPlan. NationsBenefits.com** to create your account and get started.

You can also download the Benefits Pro app to your smartphone for access on the go. Simply search "Benefits Pro" in the App Store or Google Play.

In stores

Swipe your flex card at checkout to pay for your items at approved retail locations only. Call NationsBenefits or visit the website to find a list of approved locations.

Phone

Call NationsBenefits at 1-866-876-8637 (TTY: 711) to place an order by phone. Member Experience Advisors are available 8 a.m. – 8 p.m., 7 days a week, and language support services are available.

Mail

Call NationsBenefits to request an OTC catalog, grocery catalog, or herbal catalog to be mailed to you. Simply complete and mail the order form included within the catalog.

Helpful Tips

- **Activate your card.** You'll need to activate your flex card before you can use it. Visit the Benefits Pro portal or call NationsBenefits at **1-866-876-8637 (TTY: 711)** to speak with a Member Experience Advisor.
- **Your flex card can only be used to purchase items for yourself.** You are not permitted to make purchases for other people, including friends and family members.
- **Keep your card.** As long as you remain enrolled in a qualifying plan, we'll continue to reload your allowance(s).
- **Use your allowance.** We encourage you to spend your full allowance before the end of the frequency period. Unused amounts do not roll over.
- **Check your balance.** Visit the Benefits Pro portal or call NationsBenefits at 1-866-876-8637 (TTY: 711) to check your balance. If your purchase amount is more than the amount you have left to spend on your card, you will need to pay the rest with another form of payment.

The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., Member FDIC, pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Mastercard and the circles design is a trademark of Mastercard International Incorporated. Valid only in the U.S. No cash access.

Dental Coverage

Stop decay before it starts. When you visit the dentist for regular cleanings and exams (covered at low or **no cost** under your dental plan), you'll cut your risk of cavities and help identify problems before they get painful and expensive.

What is DeltaCare DHMO?

DeltaCare DHMO is a closed network product that features set copayments, no annual deductibles, and no maximums for covered benefits. Members will receive a plan booklet from DeltaCare DHMO with defined copayments for covered services. Members must select a primary care dentist in the DeltaCare DHMO network in order to receive treatment, as in a traditional HMO.

Each member **must go to his or her assigned DeltaCare DHMO dentist to obtain covered services**, except for services provided by a specialist preauthorized by your primary care dentist, or for emergency services as provided in Emergency Services. Any other treatment is not covered under this program.

How to contact DeltaCare DHMO

Call

1-855-370-3867 (TTY 711)

Hours

Monday - Sunday, 8 am - 8 pm (October 1 - March 31)
Monday - Friday, 8 am - 8 pm (April 1 - September 30)

Website

https://www1.deltadentalins.com/medicare/centralhealth/dhmo.html

In addition to your Medicare-covered dental services, you may be eligible for additional Medi-Cal dental benefits based on the level of your Medi-Cal coverage.

For a full list of services covered by the Medi-Cal Dental Program, call 1-800-322-6384 (TTY 1-800-735-2922) or visit: www.smilecalifornia.org. These resources can also help you locate a Medi-Cal dental provider and file a grievance or complaint.

Vision Coverage

POWERED BY

Brilliant vision and a healthy lifestyle…easy as 1, 2, 3!

1. Select a vision care provider
2. Make your appointment
3. Tell your provider your coverage is with EyeMed®

Your vision plan provides a **no cost vision examination** along with a **no cost retinal screening every year.** Vision benefits also include a new frame with standard lenses or cosmetic contact lenses.[1]

You're on EyeMed's Insight network, so you've got choices—lots of them. Be it an independent eye doctor, popular retailer or online option, you get the latest in advanced vision technology to see even the slightest vision issue. The EyeMed network has over 12,000 in-network access points in Central Health Medicare Plan's service area to choose from including the following popular retail chains:

Members can also use their benefit online at:

- lenscrafters.com
- targetoptical.com
- ray-ban.com
- glasses.com
- contactsdirect.com

You can use one provider for both your exam and eyewear **OR** you can receive your exam from one provider and your materials from another provider. **The choice is yours!**

Call
1-888-872-0473, TTY 711

Hours
Monday – Saturday, 5 am – 8 pm PT
Sunday, 8 am – 5 pm PT (April 1 – September 30)
Sunday, 5 am – 11 pm PT (October 1 – March 31)

Website
member.eyemedvisioncare.com/centralhealth

[1] You get an additional discount on tints, coatings and other add-on charges to standard lenses. 40% off additional pairs of glasses, 20% off any remaining balance over the frame allowance, 15% off any balance over the conventional contact lens allowance and 20% off any item not covered by the benefit. Not available at warehouse or wholesale locations.

Hearing Coverage

nationshearing

Central Health Medicare Plan has partnered with NationsHearing® to provide you with a $0 copay on hearing aid exams and other health benefits.

Convenient ways to take your hearing test:

Call **1-866-876-8637, TTY 711,** to speak with a Member Experience Advisor who will schedule your hearing test with a local hearing aid provider. Member Experience Advisors are available from 8 am – 8 pm, 7 days a week, and language support services are available.

Visit **CentralHealthPlan.NationsBenefits.com/Hearing** for an optional online hearing screener.

Comprehensive Hearing Benefit Includes

State-of-the-Art Technology

- Enjoy natural, lifelike sound in virtually all listening situations
- Designed for comfort and convenience
- Choice of hearing aids from all major manufacturers

Personalized Care

- Three follow-up visits to ensure your complete satisfaction[1]
- Quality care from a hearing aid provider in your area
- Access to a dedicated team of Member Experience Advisors

Help Along Your Way

- A worry-free purchase with a 60-day trial and 100% money-back guarantee
- Three years of batteries included[2]
- Three-year manufacturer's warranty

Benefits vary by plan. Please consult your Evidence of Coverage for full program details.

[1]Within the first year of fitting date.

[2]Not applicable to the purchase of rechargeable hearing aid models.

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Acupuncture

American Specialty Health

Central Health Medicare Plan contracts with American Specialty Health Plans of California, Inc. (ASH Plans) to provide you with supplemental Acupuncture services*.[1]

To find an acupuncturist in your area, search online or call ASH at 1-800-678-9133, TTY 1-800-735-9222, Monday – Friday, 5 am – 8 pm. When arriving to your appointment, show your Central Health Medicare Plan ID card to verify your enrollment with us.

To search for an acupuncturist online, visit ashlink.com/ASH/centralhealthplan

For members in the following medical groups, your acupuncture benefit is covered under your provider's network.

- Allied Pacific (ALLP)
- Seoul Medical Group (SMGI)
- Seoul Medical Group - Santa Clara (SCSM)

Please use the link below to identify an acupuncture provider:
centralhealthplan.com/NetworkProviders/Acupuncture

*Prior authorization may be required. Referral may be required.

[1] Supplemental Acupuncture Services benefit is not covered for the following plan: Central Health Ventura Medi-Medi Plan (HMO D-SNP) 009

The American Specialty Health logo is a trademark of American Specialty Health Incorporated (ASH) and used with permission herein.

Fitness Membership

With SilverSneakers®, You're Free to Move

SilverSneakers is more than a fitness program. It's an opportunity to improve your health, gain confidence, and connect with your community. And, it's included with Central Health Medicare Plan plans at **no additional cost**. Whether you play tennis, swim laps, lift weights, visit the gym, or take live classes from home, SilverSneakers has you covered. Movement and exercise are essential to your health, and SilverSneakers supports you in any way you decide to move:

In the gym

- Thousands of participating locations nationwide[1] with various amenities
- Ability to enroll at multiple locations at any time
- SilverSneakers classes designed for all levels and abilities[2]

At home or on the go

- SilverSneakers LIVE online classes and workshops led by specially trained instructors, 7 days a week
- SilverSneakers On-Demand videos available 24/7
- SilverSneakers GO mobile app with personalized program resources, adjustable workout plans and more
- Burnalong® access with a supportive virtual community and thousands of classes for all interests and abilities

In your community

- Group activities and classes[2] offered outside the gym
- Events including shared meals, holiday celebrations and class socials

Get Started in 4 Easy Steps

1. Go to **SilverSneakers.com/StartHere** to create an online account.
2. Log in to view your member ID number and take that to a participating location.
3. You can also enjoy virtual workouts online through your new account.
4. Start a healthy routine with the support you need!

Always talk to your doctor before starting an exercise program.

Questions?
Visit SilverSneakers.com or call 1-888-423-4632, TTY 711
Monday - Friday, 5 am - 5 pm.

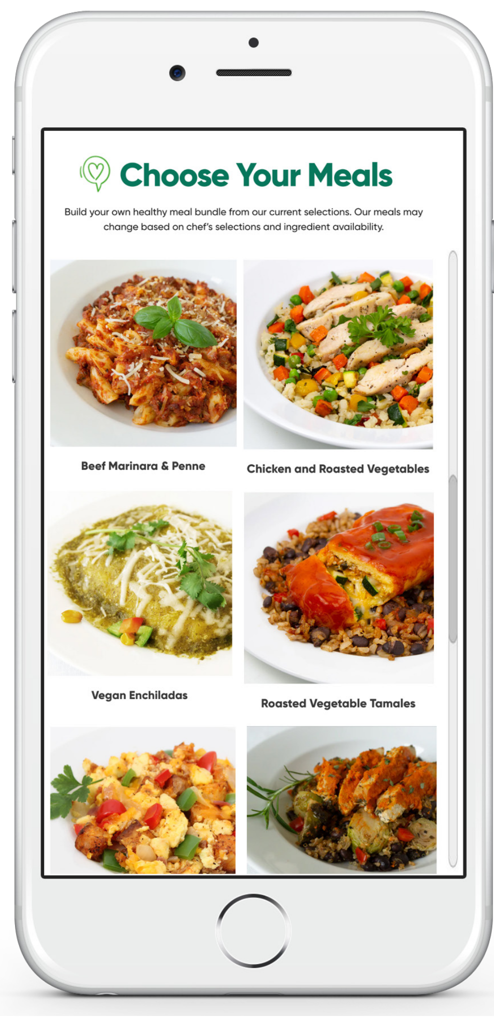
[1] Participating locations ("PL") not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

[2] Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer Members additional classes. Classes vary by location.

Burnalong is a registered trademark of Burnalong, Inc. SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved.

Made Easy Meals

Fully prepared, nutritious meals delivered to you! Central Health Medicare Plan has partnered with the experts at Healthrageous to provide eligible Medicare Advantage members with convenient, heat-and-eat meals, delivered to your door at no cost to you. This program is included with select plans; please review your Evidence of Coverage (EOC) for more details.



Made Easy Meals allows you to:

- Choose heat-and-eat meals based on your personal tastes and health goals. It's easy to get heart- and diabetic-friendly meals delivered to your home.
- Enjoy a digital concierge that offers you tips for daily living and helps you manage your health conditions.
- Get your Healthy Eating Score through a short quiz that assesses your current eating habits. You get your score and a personalized meal plan in minutes.

Three easy options to enroll:

- Visit MadeEasyMeals.com/CHPEnroll
- Text the word START to 88106
- Call Healthrageous at 1-855-868-8655 (TTY 711) 8 am – 5 pm PT, Monday – Friday

Purchasing meals:

If your plan doesn't include free meals or you have completed your benefit, you can self-purchase Made Easy Meals at an attractive retail price. Just visit MadeEasyMeals.com. You may also use your Healthy Foods Allowance to purchase Made Easy Meals if you are eligible for this benefit*. Find out more about the Healthy Foods Allowance on page 14.

**Purchasing meals is not a Plan benefit. The healthy foods allowance benefit is part of a special supplemental program for the chronically ill. Not all members qualify.*

Message and data rates may apply according to your carrier text and data plans. At any time, you can text STOP to end messages or text HELP for assistance.

Transportation Services

SafeRide Health

Have a medical or dental appointment but no way to get there? No problem! We've partnered with SafeRide to provide you with non-emergency medical transportation. You can take advantage of this service to see a doctor, access specialty services, visit a dentist, or even pick up prescriptions at the pharmacy. SafeRide offers both routine and non-urgent medical transportation.

Important: Your plan includes a limited number of one-way trips to approved locations. Please see your Evidence of Coverage (EOC) to find the number of trips included in your plan, along with approved locations and distances. Access your EOC at **centralhealthplan.com/Materials/EOC** or call Member Services to request a copy.

For members with an eligible chronic condition, your plan may also include non-medical transportation to approved locations.* Please see your EOC for details.

How to Schedule a Ride

Please schedule at least two days in advance when possible, and make sure to schedule a round trip if needed.

If you use a wheelchair or need gurney transportation, please specify that you need non-urgent medical transportation.

1. Call SafeRide at **1-855-932-5416 (TTY: 711)**, Monday–Saturday, 6 a.m.–8 p.m. PST, to create your SafeRide member portal account.

2. Once you're set up in the SafeRide member portal, schedule your rides online at **centralhealthplan.member.saferidehealth.com**

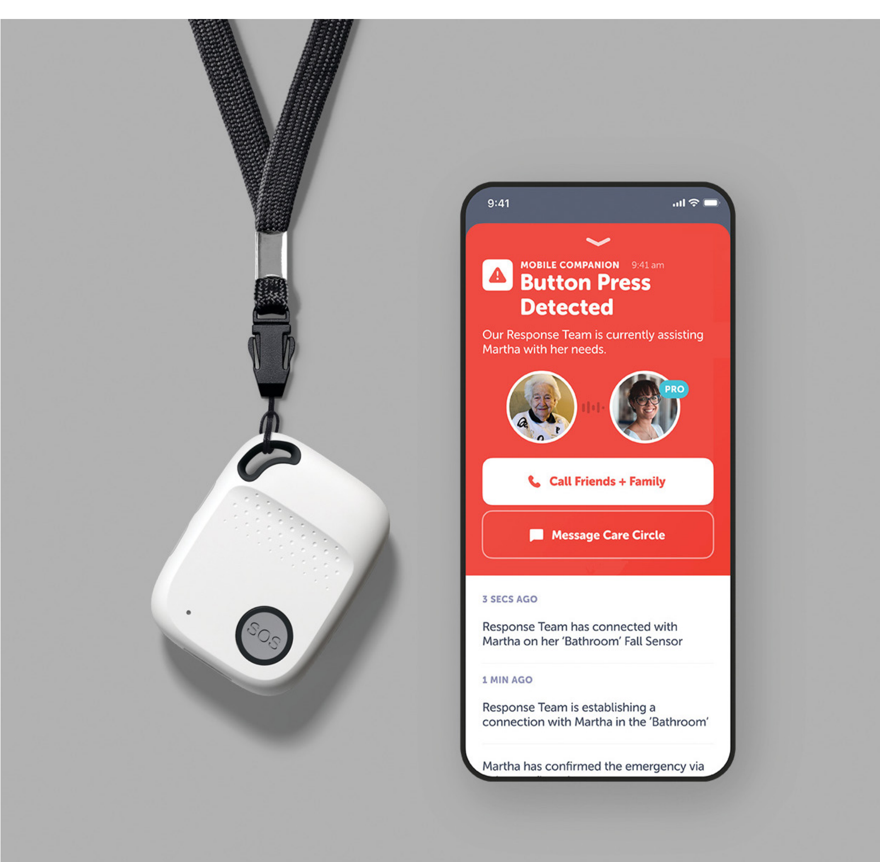
** This benefit is part of a special supplemental program for the chronically ill. Not all members qualify.*

Personal Emergency Response System (PERS)

Staying safe and feeling secure wherever you are can become a little more difficult as we age, especially when we're dealing with health issues. That's why Central Health Medicare Plan has partnered with Aloe Care Health to provide our members with what might be "the world's most advanced medical alert system" – at no cost to you.

The Mobile Companion

Created to work in concert with the Aloe Care Health smartphone app, your Mobile Companion is an accessory device that helps independent adults balance freedom and safety connecting you to everyone in your Care Circle – including doctors, nurses, family and friends. In fact, the app allows you to add as many people to your Care Circle as you like!



Location detection

Offers peace of mind to caregivers and allows prompt care to arrive wherever needed. Real-time location tracking is available in case of an emergency.

Caregiver speed dial

The device can make an outbound call to a caregiver with the ease of pressing a button.

Wearable fall detection

The internal accelerometer can detect falls and prompt users with assistance. App feature allows user to adjust sensitivity to help prevent false triggers.

24/7 emergency response

From the Aloe Care Health five-star professional monitoring team.

Water resistance

Can be worn in the shower but should not be submerged.

Tech compatibility

Your Mobile Companion is specially engineered so it won't interfere with pacemakers.

Ease of use

Smaller than a credit card, it can be worn on a lanyard or carried in-hand.

The smartphone app

The Aloe Care Health mobile app is available through Google Play and the Apple App Store at no cost to you. If you already have this app on your phone, adding the Mobile Companion is easy.

These special services are provided to you at **no additional cost.**

Getting Started

Contact your Central Health Medicare Plan or the Aloe Care Health Member Services Department to acquire your Mobile Companion and start enjoying the security you deserve.

1-844-583-0813, TTY 711

Monday – Friday, 6 am – 6 pm and Saturday – Sunday, 7 am – 4 pm

Prescription Drug Coverage

Your plan includes Part D prescription drug coverage and access to thousands of pharmacies within our network to help you get the medications you need.

To find an in-network pharmacy or review your prescription drug costs, use our online search tool at **centralhealthplan.com/PartD/pharmacydirectory**

Keep reading for some helpful ways to save at the pharmacy!

Generic vs Brand-Name Drugs

The amount you pay for a medication depends on which tier your drug is on. Generally, the lower the tier, the less you'll pay. You can use your plan's covered drug list, also called a formulary, to find which tier your medication is on.

- It's important to ask your primary care provider if generic equivalents are right for you.
- Also remember to ask your pharmacy if there's a generic version of your brand-name prescription.

Extra Help with Medicare Prescription Costs

You may qualify for Extra Help with your prescription drug costs. If you don't qualify for Medi-Cal but you have a limited income, you can apply for the Extra Help program. If you qualify, Medicare will pay all or part of your Part D premium and you will have lower copayments at the pharmacy.

To apply, contact Social Security at **1-800-772-1213, TTY 1-800-325-0778.** Or apply online at **ssa.gov/prescriptionhelp.**

Prescriptions by Mail

We've partnered with Express Scripts to provide you with an easy way to fill your medications by mail. No more standing in line or driving all over town!

Express Scripts offers custom delivery of your maintenance medications—those you take regularly for chronic or long-term conditions—and you can get up to a 100-day supply* with one simple payment.

TIP: Get a mail-order discount for your Tier 2, 3, and 4 prescriptions. Pay for 2 months of a 100-day supply* and get the rest of your prescription at no additional cost.

Express Scripts offers flexible payment options, a choice of how prescriptions are ordered, and you can decide where and when they're delivered. They also have easy-to-use online tools so you can:

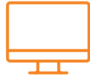
- Order new prescriptions or transfer them from a pharmacy
- Refill mail-order drugs or renew expired mail prescriptions
- Review estimated copay amounts, order status, and track shipping
- Speak with a pharmacist 24 hours a day
- Review your list of mail-order drugs
- Manage account information

*100-day supply is not available for drugs on Tier 5 or drugs subject to a quantity limit.

Ordering Your First Prescription

Get started today at **express-scripts.com**. Your one-time registration provides easy access to the website or mobile app (available through Google Play or the Apple App Store). If you choose standard shipping, you should receive your prescription within 3 to 5 days once shipped.

Ways to Order



Electronically

- Ask your doctor to send your prescription to Express Scripts electronically or via fax at 1-800-837-0959.
- Their pharmacy staff will call you to confirm delivery before processing your order.

Online

- Sign in at express-scripts.com or download the Express Scripts mobile app.
- In your account, click on the "Request an Rx" button and follow the prompts.
- You will be able to view your eligible prescriptions and savings.

By Phone

- Call Express Scripts at 1-877-657-2498 for assistance in switching to home delivery.
- TTY users: call 1-800-899-2114.
- Service agents are available 24 hours a day, 7 days a week.

Chronic Care Management Programs

Members with certain chronic medical conditions and/or enrolled in a Medi-Cal dual eligible plan may be eligible for our Chronic Care Management program(s). Members who qualify get the added benefit of home medical services and equipment to help monitor and promote health improvement.

The program may include home monitoring equipment, such as scales and glucose monitors, and in-home support services, which may be available for those with an eligible condition. Medical support options are also available, which allows medical professionals to monitor your health quickly and efficiently.

If you have any of the conditions indicated below and are interested in participating in one or more of these programs, please contact Member Services.

Eligible Conditions:

- Diabetes
- Hypertensive diseases
- Chronic kidney disease
- Congestive heart failure (CHF)
- Cardiovascular diseases

Your Care Manager

Depending on your plan and your health needs, you may be assigned a personal care manager who will work with you to develop an individualized care plan to improve your overall health.

Care managers are assigned to our members based on the risk level Central Health Medicare Plan deems appropriate for your healthcare needs. A variety of risk factors are considered when determining the appropriate level of care. These may include frequency of unplanned hospital visits, whether you are taking your medications as prescribed, or how much assistance you need for daily activities.

These services are provided at no additional cost.

Care managers are assigned to members with certain ongoing medical conditions. However, if you feel you would benefit from these services to help you reach your health goals, please call Member Services to request a care manager.

Your Personal Care Plan

As your health plan, we are committed to helping you obtain all the services, information, and assistance you need to maintain or improve your health. Your care team can help you reach your personal health goals with an individualized care plan.

Examples

Health Goal	Care Plan
Monitor diabetes	Member's care plan may include a care manager, along with diabetes monitoring equipment such as a continuous glucose monitor, as applicable.
Exercise	Member's care plan pay include a gym membership and/or education on how to exercise based on your individualized needs.
Nutrition	Member's care plan may include discounted meal plans such as Made Easy Meals, education on low-fat and refined carbohydrate meal options, and more.

Call Member Services or speak with your care manager to design your personal care plan today!

Transition of Care (TOC) Program

The Transition of Care (TOC) program aims to assist members with smooth and seamless transitions from one care setting to another, such as admission to or discharge from a hospital, skilled nursing facility, rehabilitation center, or home health environment.

A representative from Central Health Medicare Plan will reach out to you to assist you with your transition within 1 week to make sure you are prepared to go home after being discharged. If you are admitted unexpectedly, make sure you, your caregiver, or a loved one contacts us to ensure you have the care you need before you go home.

Home Health / Nurse Visits

There may be times when your doctor will ask a nurse to come to your home to provide care for you. When these services are necessary, we will cover the cost. The nurses will be from a licensed home health agency or employed by Central Health Medicare Plan.

Hospital Services

You are covered for hospital services. Services include inpatient admission, outpatient surgery, emergency room, and other hospital coverage. Whenever you're being admitted to the hospital, it is important that we are informed. We will make sure the right doctor is there to care for you. We will work with the emergency room and the hospital doctors to make your visit as effective as possible.

Our nurses are here to help you obtain all services you need to have a successful recovery at home after a hospital stay. Your nurse will talk to you about what to expect when you get home and will explain when and who to call if you need help. They will make sure you have all your follow-up appointments and will help you understand and obtain the medications you may need.

For more information about any required copayments for hospitalization, please refer to your Evidence of Coverage (EOC) or call the Member Services department.

Skilled Nursing Care

Sometimes after being admitted to the hospital you may need to receive care prior to being discharged. If you do, you will be temporarily admitted into a skilled nursing facility (SNF) until you are able to go home.

Three (3) days prior to being sent home from the SNF, you will receive a letter about discharge. The letter will tell you what to do if you're not ready to leave the facility and want to stop the discharge. The SNF will help you fax your request for immediate review and a decision will be made by Medicare.

If you have full Medi-Cal (Medi-Medi) coverage, Medi-Cal will pay for any remaining charges or copayments that Medicare doesn't cover. Please refer to your EOC for exact coverage or call the Member Services department.

Have a question? Need help? Call our Member Services team

1-866-314-2427, TTY 711 from 8 am - 8 pm, 7 days a week

Medicare - Medi-Cal (Medi-Medi) Coverage

If you have both Medicare and Medi-Cal insurance, you are entitled to additional benefits paid by the state of California. Here are some descriptions of those benefits:

Over-the-Counter (OTC) Medications: Medi-Cal covers a few common over-the-counter medications such as aspirin. If your doctor writes a prescription these medications may be paid by Medi-Cal. These medications are not covered by your Medicare Part D program. Central Health Medicare Plan will cover your OTC medications as part of your additional benefits.

Incontinence Supplies: If you have Medi-Cal coverage, your doctor can provide you with a prescription to receive incontinence supplies, such as diapers. After receiving your prescription, your provider will fill your order and bill Medi-Cal.

Hearing Aids: For selected plans your Medi-Cal coverage will pay for hearing aids up to $1,510 if you meet the criteria that allows you to receive a hearing aid. Central Health Medicare Plan will cover your hearing aids as part of your additional benefits.

Community-Based Adult Services (CBAS): CBAS is a program that delivers specific services to members who have Medi-Cal. Your Central Health Medicare Plan nurse/care manager or your primary care provider (PCP) can assist you in obtaining these services. Some of their services include social services, therapies, personal care, meals, transportation and skilled nursing care. This also provides training and support to families and/or caregivers.

Additional State Resources: For additional state resources contact California Department of Social Services (CDSS) at **cdss.ca.gov/contact-us.**

Multipurpose Senior Services Program (MSSP)

This program provides home and community-based services (HCBS) to Medi-Cal eligible members who are 65 years and older who are disabled. This is an alternative to nursing facility placement. The MSSP waiver allows individuals to remain safe in their homes and provides the following services:

- Case Management
- Personal Care Services
- Respite Care (in-home and out-of-home)
- Protection Supervision
- Environmental Accessibility Adaptations
- Housing Assistance / Minor Home Repair, etc.
- Transportation
- Chore Services
- Personal Emergency Response System (PERS) / Communication Device
- Adult Day Care / Support Center / Healthcare
- Meal Services - Congregate / Home Delivered
- Social Reassurance / Therapeutic Counseling
- Money Management
- Communication Services
- Translation / Interpretation

In-Home Support Services (IHSS)

The IHSS program is for those with Medi-Cal. IHSS helps pay for services provided to low-income, blind or disabled individuals. This program is also suitable for children. It is considered an alternative to out-of-home care such as nursing homes or board and care facilities. The services provided in this program include accompaniment to medical appointments and protective supervision for the mentally impaired. Services authorized through IHSS include:

- House Cleaning
- Meal Preparation
- Laundry
- Grocery Shopping
- Personal Care Services (such as bowel and bladder care, bathing, and grooming)

Long-Term Care

If you meet the medical criteria to receive long-term care in a nursing home, your Medi-Cal will cover these expenses. If needed, one of our nurses at Central Health Medicare Plan will assist you in obtaining this benefit.

Member Advisory Council (MAC)

As a Central Health Medicare Plan member, your voice is very important to us. And we'd love to hear from you. We are currently looking for members to join our Member Advisory Council. Joining the council gives you a unique opportunity to help make your health plan better by sharing your experience, voicing your opinion, and offering suggestions. Your input can help us improve your healthcare experience, including areas like access to care, coordination of services, and removing barriers to healthcare.

If you'd like to learn more about joining the council, please email
MemberServicesStarsPortal@brighthealthcare.com

Your Right to Complain

You have the right to submit a complaint about the quality of care you received and/or a reconsideration (appeal). If you don't believe you're receiving the services you're entitled to, or if you are being asked to pay more than what you believe, you can file a grievance or appeal to Central Health Medicare Plan.

A Member Services representative will let you know if your statement can be taken by phone or in writing. As your plan we can help put the information together to get your request started.

Timeframe for Complaints

You have sixty (60) calendar days from the date of the incident with which you were dissatisfied to file a complaint. We may extend your sixty (60) day limit depending on the cause.

The Appeals and Grievances department will call you if there is more information needed for your case. Another letter and/or call will follow explaining the result of your case. For more information please contact the Member Services department.

Have a question? Need help? Call our Member Services team
1-866-314-2427, TTY 711 from 8 am - 8 pm, 7 days a week

For More Information

Call

1-866-314-2427, TTY 711

Hours

Year Round:
8 am - 8 pm, 7 days a week

Email

memberservices@centralhealthplan.com

Fax

1-626-388-2361

Address

Central Health Medicare Plan
Attn: Appeals and
Grievances Department
PO Box 14244
Orange, CA 92863

You Have Options

If you have a complaint that involves the quality of care, you also have the option to file a complaint with Livanta. Livanta is an independent Quality Improvement Organization (QIO) in California and is contracted by the Centers for Medicare and Medicaid Services (CMS) to review quality of care complaints from Medicare beneficiaries.

Medical Bills You Receive

Explanation of Benefits (EOB) - You'll receive an EOB monthly and it is NOT a bill. It is a summary of your medical, hospital, and prescription drug claims and costs (like a statement). If you receive medical bills that you are not responsible for, immediately call our Member Services Department.

Send Us Your Bill

You can mail your bill(s) to us with a request for payment to:

Central Health Medicare Plan
Attn: Member Services Department
PO Box 14244
Orange, CA 92863

You can also fax or email your bill(s) with your request payment to:

1-626-388-2361

email address:

memberservices@centralhealthplan.com.

Directory & Helpful Contacts

To receive assistance from Central Health Medicare Plan and its contracted entities, please call the contacts below:

Member Services Department
1-866-314-2427, TTY 711
8 am - 8 pm, 7 days a week
Web: centralhealthplan.com
Fax: 1-626-388-2361
Mail: Central Health Medicare Plan
PO Box 14244
Orange, CA 92863

American Specialty Health Plans of California, Inc. (ASH Plans)
1-800-678-9133, TTY 1-800-735-2922
Monday-Friday, 5 am - 8 pm
web: ashlink.com/ASH/centralhealthplan

Appeal & Grievances Department
1-866-314-2427, TTY 711
Fax: 1-626-388-2361
8 am - 8 pm, 7 days a week
Email: memberservices@centralhealthplan.com

Healthy Foods Benefit
1-866-876-8637, TTY 711
Monday - Sunday, 8 am - 8 pm local time

To check your balance anytime
visit centralhealthplan.nationsbenefits.com

Made Easy Meals Program
1-855-868-8655, TTY 711
Monday - Friday, 8 am - 5 pm
Web: MadeEasyMeals.com/CHPEnroll

Rewards+ Program
For questions on where to spend your rewards call Central Health Medicare Plan Member Services Department at 1-866-314-2427, TTY 711
8 am - 8 pm, 7 days a week

To check your balance anytime call 1-866-876-8637 or visit CentralHealthPlan.nationsbenefits.com

Delta Dental
1-855-370-3867, TTY 711
Monday — Sunday, 8 am - 8 pm, local time
(October 1 — March 31)
Monday — Friday, 8 am - 8 pm, local time
(April 1 — September 30)
Web: https://www1.deltadentalins.com/medicare/centralhealth/dhmo.html

Fitness Memberships
1-888-423-4632, TTY 711
Monday – Friday, 5 am - 5 pm
Web: silversneakers.com

Livanta
Quality of Care Complaints
1-877-588-1123, TTY 1-855-887-6668
Monday – Friday, 9 am - 5 pm
Web: livantaqio.com

Eyemed (Medical Eye Services)
1-888-872-0473, TTY 711
Monday - Saturday, 5 am-11 pm, PT
Sunday, 8 am - 5 pm, PT (April 1 — September 30)
Sunday, 5 am -11 pm, PT (October 1 - March 31
Web: member.eyemedvisioncare.com/centralhealth

Part D Prescription Drug Appeals

Express Scripts
Phone: 1-877-657-2498, TTY: 1-800-899-2114
24 hours a day, 7 days a week
Web: express-scripts.com

Admin Appeals:
Express Scripts
Attn: Medicare Admin Appeals
PO Box 66587
St. Louis, MO 63166-6587
Fax: 1-877-852-4070

Clinical Appeals:
Express Scripts
Attn: Medicare Appeals
P.O. Box 66588
St. Louis, MO 63166-6588
Fax: 1-877-328-9660

Schedule a ride with SafeRide

1-855-932-5416 (TTY 711)
Monday - Sunday, 6 am - 8 pm local time
Web: centralhealthplan.member.saferidehealth.com

24/7 Nurse Advice Line
1-888-920-8809, TTY 711
24 hours a day, 7 days a week

24/7 Telehealth
1-800-835-2362, TTY 1-855-636-1578
24 hours a day, 7 days a week
Web: teladoc.com

NationsHearing
1-866-876-8637, TTY 711
Monday - Sunday, 8 am - 8 pm local time
Web: CentralHealthPlan.NationsBenefits.com/Hearing

Urgent Care
1-866-314-2427, TTY 711
Email: memberservices@centralhealthplan.com
Web: centralhealthplan.com/NetworkProviders/SearchFacility

Over-the-Counter Items
1-866-876-8637, TTY 711
Monday - Sunday, 8 am - 8 pm local time

For a copy of the OTC Catalog, visit
Web: CentralHealthPlan.NationsBenefits.com

Aloecare Health (Personal Emergency Response System)
1-844-583-0813, TTY 711
Monday - Friday, 6 am - 6 pm, and
Saturday - Sunday, 7 am - 4 pm
Web: members.aloecare.com/centralhealth

NOTICE OF NON-DISCRIMINATION

Central Health Medicare Plan (CHMP) complies with Federal and State laws and does not discriminate or exclude on the basis of race, color, national origin, age, mental or physical disability, sex, religion, ancestry, ethnic group identification, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

CHMP provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreter and Written information in other formats (large print, audio, accessible electronic formats, other formats). We also provide free language services to people whose primary language is not English, such as: Qualified interpreter and Information in other languages.

If you need these services, contact CHMP at 1-866-314-2427 (TTY: 711). Our hours are,
8 AM—8PM, 7 days a week.

HOW TO FILE A GRIEVANCE

If you believe CHMP has failed to provide these services or discriminated you on any of the unlawful basis identified above, you can file a grievance by calling, faxing, e-mailing, or mailing
a letter to:

Central Health Medicare Plan (ATTN: Member Services)
PO BOX 14244
Orange, CA 92863
Phone: 1-866-314-2427 (TTY: 711) **Fax:** 1-626-388-2361;
Email: memberservices@centralhealthplan.com

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- **By phone:** Call 916-440-7370. If you cannot speak or hear well, please call 711
- **In writing:** Fill out a complaint form or send a letter to: Deputy Director, Office of Civil Rights

Department of Health Care Services—Office of Civil Rights
PO Box 997413, MS 0009
Sacramento, CA 95899-7413
Complaint forms are available at **http://www.dhcs.ca.gov/Pages/Language_Access.aspx**
Electronically: Send an email to **CivilRights@dhcs.ca.gov**

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
If you believe you were discriminated based on race, color, national origin, sex, age, or disability you can file a civil rights complaint with HHS, Office for Civil Rights by phone, in writing, or electronically:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building Washington D.C. 20201
Phone: **1-800-368-1019**, TTY: **1-800-537-7697**
Electronically: **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf,**
Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-314-2427 (TTY:711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-314-2427 (TTY:711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1–866–314–2427 (TTY:711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1–866–314–2427（TTY:711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-314-2427 (TTY:711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-314-2427 (TTY:711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-866-314-2427 (TTY:711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-314-2427 (TTY:711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-314-2427 (TTY:711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-314-2427 (TTY:711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-314-2427 (TTY:711)سيقوم شخص ما يتحدث العربية . بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना केबारे में आपकेकिसी भी प्रश्न केजवाब देने केलिए हमारे पास मुफ्त दुभाषिया सेवाएँउपलब्ध हैं. एक दुभाषिया प्राप्त करने केलिए, बस हमें 1-866-314-2427 (TTY:711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-314-2427 (TTY:711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-314-2427 (TTY:711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-314-2427 (TTY:711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-314-2427 (TTY:711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-866-314-2427 (TTY:711) にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY CENTRAL HEALTH PLAN OF CALIFORNIA (“CHPC”) AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

During the time that you are a member of CHPC, it will be necessary for us to collect, maintain and disclose different kinds of information about you and your health. Examples include, but are not limited to, your name, gender, date of birth, home address, telephone number, marital status, Medicare or Medi-Cal number, the language(s) you speak, occupation and employer (if applicable), and past medical history. We gather much of this information from you when you become a member. In certain instances, we may gather information from a parent (in the case of a minor), guardian, conservator, or legal representative. We may also collect information about you from other health plans, insurance companies, or medical groups, as well as doctors, hospitals, pharmacies or othe providers where you have received health care services.

Generally, any information related to your past, present, or future physical or mental health that can or may be identified with you individually, is considered Protected Health Information (“PHI”). We are required by law to maintain the privacy and security of your PHI, and we are prohibited from disclosing your PHI except as the law permits. We are also required to provide you with this Notice of Privacy Practices explaining our legal duties and our privacy practices with respect to the PHI we collect and maintain about you. Finally, we are required by law to notify you following a breach of unsecured PHI if we determine that your PHI has been compromised.

We have the right to change our privacy practices, as long as the changes comply with the law. In the event we make any changes to our privacy practices, you will receive a new written Notice of Privacy Practices explaining the changes. A current copy of our Notice of Privacy Practices is available on our website at **https://www.centralhealthplan.com/Member/PrivacyNotice.**

PLEASE NOTE: This Notice describes only the privacy practices of CHPC. Your doctor or medical group, and any specialty care provider, hospital, pharmacy or other provider that you may receive treatment or services from, may have their own notice describing how they maintain the privacy of your PHI.

Collection, Use and Disclosure of Your PHI

We may collect, use and disclose your PHI:

- **To Provide or Arrange for Care:** We may use or disclose your PHI in order to provide or arrange for your health care. For example, when you select a primary care provider, we will send that provider your name, membership information, and any relevant information concerning your health status. We may also share your PHI with your doctor or medical group for purposes such as authorizing a particular type of treatment.

- **To Make or Arrange Payment for Care:** We may use or disclose your PHI in order to make or arrange payment for your health care. For example, we may receive a bill containing PHI from a doctor who provided care for you. If the bill is our responsibility, we will make payment. If the bill is the responsibility of your medical group, we will forward the bill, with your health information, to the medical group so they can make payment.

- **For Health Care Operations:** We may use or disclose your PHI in the process of our health care operations. For example, we may review your PHI to evaluate treatment and services you received and to evaluate the performance of our doctors and other providers. We may also use your PHI to manage and coordinate care for serious or chronic health conditions.

- **To Provide Information to You:** We may use or disclose your PHI to you in order to provide you with information about your benefits and available services. For example, we may contact you to inform you about possible treatment options or alternatives, or to provide education about managing a chronic condition.

- **To Provide Information to a Family Member or Friend:** We may disclose your PHI to a family member, friend, or other person who is involved with your health care or responsible for payment, but ONLY IF:

    a. You are present, and you ask for or agree to the disclosure;

    OR

    b. You are either not present, or you are physically or mentally unable to respond, and we believe the disclosure is in your best interest.

- **As Otherwise Required or Permitted by Law:** We may disclose your PHI, as allowed by law, for many types of activities. PHI can be shared for health oversight activities. It can also be shared for judicial or administrative proceedings, with public health authorities, for law enforcement reasons, and to coroners, funeral directors or medical examiners (about decedents). PHI can also be shared for certain reasons with organ donation groups, for research, and to avoid a serious threat to health or safety. It can be shared for special government functions, for workers' compensation, to respond to requests from the U.S. Department of Health and Human Services and to alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or other crimes. PHI can also be shared as required by law. Although HIPAA permits us, we will not use or disclose your PHI for activities related to fundraising.

When Written Authorization Is Required

We must have your written authorization in order to use or disclose your PHI for certain activities listed below. After you provide us with such written authorization, you have the right to revoke it at any time. However, once we use or share your PHI, we cannot undo any actions we took before you revoked it. For more information regarding written authorizations, please contact our Member Services Department at 1-866-314-2427 (TTY: 1-888-205-7671). Activities that require your prior written authorization include:

- **Psychotherapy Notes:** We will need your authorization to use your psychotherapy notes to carry out payment, treatment, or health care operations. For example, we will require your authorization before we can look at any chart notes from your mental health professional to evaluate your treatment.

- **Marketing:** We will need your authorization to use your PHI for any marketing purposes except when we make a face-to-face communication with you or for the purposes of receiving a promotional gift. For example, we will not require your written authorization to use your PHI to reward you for filling out your Member Passport, but we would require your written authorization to use your PHI if CHPC wanted to market a plan that was more suitable to your healthcare needs.

- **Sale of Protected Health Information:** We will need your authorization to disclose your PHI for remuneration. Authorizations for this use must state that the disclosure will result in payment to CHPC. For example, you would need to provide written authorization for CHPC to receive remuneration for delivering your PHI to organizations that research and develop new treatments relevant to you.

Maintaining Confidentiality of Your Information

We are dedicated to protecting your PHI. We set up a number of policies and practices to help make sure your PHI is kept secure. We keep your oral, written and electronic PHI safe using physical, electronic and procedural means. These safeguards follow federal and state laws. Some of the ways we keep your PHI safe include offices that are kept secure, computers that need passwords and locked storage areas and filing cabinets. We require our employees to protect PHI through written policies and procedures. These policies limit access to PHI to only those employees who need it to do their job. Also, where required by law, our contractors and business partners must protect the privacy of data we share in the normal course of business. They are not allowed to give PHI to others without your written authorization, except as allowed by law.

Your Rights

The law ensures that you have certain rights with regard to the privacy of your protected health information. These include:

- The right to look at and make copies of your protected health information. You may have to pay a reasonable cost-based fee for copying and mailing in advance. CHPC will make reasonable efforts, as required by law, to honor your requests for accessing or amending PHI. However, please be aware that CHPC does not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic. You may still ask to look at, make copies, and change the PHI that we do keep.

- The right to ask us to not disclose parts of your protected health information. If we do not agree to make the changes you want, we will send you a letter telling you why. You may ask that we review our decision if you disagree with it.

- The right to ask us to contact you only in certain ways. For example, you may ask us to call you only at work.

- The right to request us to change parts of your protected health information. If we do not agree to make the changes you want, we will send you a letter telling you why. You may ask that we review our decision if you disagree with it.

- The right to request to be told when, to whom, for what reasons and what protected health information about you we have disclosed.

- The right to a paper or electronic copy of our Notice of Privacy Practices.

If You Have a Question or Complaint, or Believe your Privacy Rights Have Been Violated

If you have a question or complaint regarding our privacy practices, please call our Member Services Department at 1-866-314-2427 (TTY: 1-888-205-7671).

If you believe your privacy rights have been violated, you may call or write to us as follows:

Annie Hsu Shieh, Senior Compliance Counsel
Compliance Department
Central Health Plan of California
PO Box 14244
Orange, CA 92863

You may also file a complaint with the Office for Civil Rights ("OCR"). Your complaint must be in writing. You may send your complaint by U.S. mail or fax to:

Office for Civil Rights
U.S. Department of Health & Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
Fax: 1-415-437-8329
Phone: 1-415-437-8310 (TDD: 1-415-437-8311)

Additional information on filing a privacy complaint with the OCR is available:

- By telephone – call toll-free 1-866-627-7748
- On the internet – visit http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html.

PLEASE NOTE: If you choose to file a complaint regarding CHPC's privacy practices or handling of your protected health information, either directly with us or with the OCR, the law prohibits CHPC from retaliating against you by taking negative action against you in any way because of your complaint.

Contact Us for Membership Questions

Call Toll-Free
1-866-314-2427, TTY 711

Visit our Website
centralhealthplan.com

Hours of Operation
Year Round: 8 am - 8 pm
7 days a week

Address
PO Box 14244
Orange, CA 92863