CENTRAL HEALTH MEDICARE PLAN

Summary of Benefits

2025

Fresno
Imperial
Kern
Kings
Los Angeles
Madera
Orange
Riverside
Sacramento
San Bernardino
San Diego
San Francisco
San Joaquin
San Mateo
Santa Clara
Tulare

Central Health Valor Care Plan (HMO) (30)

H5649_SB-2025_3242_M

2025 Summary of Benefits

Central Health Valor Care Plan (HMO) H5649-030

January 1, 2025 - December 31, 2025.

Central Health Medicare Plan is an HMO/HMO SNP with a Medicare contract. Enrollment in Central Health Medicare Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please access the "Evidence of Coverage" at www.centralhealthplan.com.

To join **Central Health Valor Care Plan (HMO)** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in California: Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara and Tulare.

Except in emergency or urgent situations, if you use providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at Medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227) available 24 hours, 7 days a week including some federal holidays. TTY/TDD users should call 1-877-486-2048.

This document is available in other formats such as Braille, large print or audio.

Have questions? Please call Central Health Medicare Plan Member Services Department at (866) 314-2427, TTY: 711, 8 a.m. – 8 p.m. PST, 7 days a week (October 1 – March 31) & Monday – Friday (April 1 – September 30) or visit our website at www.centralhealthplan.com.

Premium & Benefits	Central Health Valor Care Plan (HMO) (30)
Monthly Plan Premium You must keep paying your Medicare Part B premium.	**$0**
Part B Rebate	**$75 per month**
Deductible	**No deductible**
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	**No more than $4,999 annually**
Inpatient Hospital*	**$285 copay** per day for days 1 - 6 **$0 copay** per day for days 7 - 90
Outpatient Hospital*‡	**$0 - $295 copay**
Ambulatory Surgery Center*	**$0 copay**
Doctor Visits • Primary care providers • Specialists*	 **$0 copay** **$0 copay**
Preventive Care Other preventive services are available. • Flu vaccine, diabetic screenings, etc.*	**$0 copay**
Emergency Care Copayment waived if admitted to the hospital or readmitted to the ER within 72 hours	**$0 - $125 copay**
Urgent Care	**$0 copay**

* Services may require authorization.
‡ Please reference Evidence of Coverage (EOC) for details on specific services.

Premium & Benefits	Central Health Valor Care Plan (HMO) (30)
Diagnostic Services/Labs/Imaging*	
• Diagnostic tests and procedures	**$0 copay**
• Lab services	**$0 copay**
• MRI, CAT scan	**$100 copay**
• X-rays	**$0 copay**
Hearing Services*	
• Medicare-covered hearing exam	**$0 copay**
• Routine hearing exam One per year	**$0 copay**
• Hearing aid fittings and evaluations One per year	**$0 copay**
• Hearing aid	**$49 copay per hearing aid for the entry model** **$149 copay per hearing aid for the basic model** **$449 copay per hearing aid for the prime model** **$849 copay per hearing aid for the preferred model** **$1,049 copay per hearing aid for the advanced model** **$1,549 copay per hearing aid for the premium model** **You receive 2 hearing aids every 3 years**

* Services may require authorization.

Premium & Benefits	Central Health Valor Care Plan (HMO) (30)
Dental Services†*	
• Medicare-covered dental services	**$0 copay**
• Preventive dental	
◦ Oral exams	**$0 copay**
◦ X-rays	**$0 copay**
◦ Cleanings	**$0 copay**
Comprehensive Dental*	
• Restorative Services	**$25 - $400 copay**
• Endodontics	**$25 - $720 copay**
• Periodontics	**$0 - $780 copay**
• Prosthodontics removable	**$0 - $600 copay**
• Prosthetics	**Not Covered**
• Implant Services	**$45 - $2,160 copay**
• Prosthodontics fixed	**$0 - $840 copay**
• Oral and Maxillofacial Surgery	**$0 - $380 copay**
• Orthodontics	**Not Covered**
• Adjunctive General Services	**$0 - $300 copay**
Vision Services*†	
• Medicare-covered eye exams	**$0 copay**
• Medicare-covered eyewear	**$0 copay**
• Routine eye exam	**$0 copay** One exam per year
• Retinal imaging	**$0 copay** One exam per year
• Eyewear allowance	**Up to $150 per year**
Mental Health Services*	
• Outpatient individual therapy	**$0 copay**
• Outpatient group therapy	**$0 copay**

† Limitations may apply. See your EOC for details.
* Services may require authorization.

Premium & Benefits	Central Health Valor Care Plan (HMO) (30)
Skilled Nursing Facility (SNF)*	**$0 copay** per day for days 1–20 **$204 copay** per day for days 21–100 **These are 2024 cost-sharing amounts and may change for 2025. We will provide updated rates at www.centralhealthplan.com as soon as they are released.**
Physical Therapy*	**$0 copay**
Ambulance (Ground)*	**$0 - $275 copay per ride**
Ambulance (Air)*	**20% coinsurance**
Transportation*	**Not covered**
Medicare Part B Drugs* • Chemotherapy drugs • Other Part B drugs • Part B insulin drugs	 **20% coinsurance unless capped by Inflation Reduction Act (IRA) rules** **20% coinsurance unless capped by Inflation Reduction Act (IRA) rules** **$35 copay**

* Services may require authorization.

Outpatient Prescription Drugs		
	Central Health Valor Care Plan (HMO) (30)	
Part D Deductible (Tiers 2 to 5)	**Central Health Valor Care Plan does not have Part D coverage**	
	Retail Rx 31-day supply	**Mail Order 100-day supply**
Part D Insulins **Tier 3 – Preferred Brand**	**Not available**	**Not available**
Initial Coverage You are in the Initial Coverage Phase until your year-to-date "out-of-pocket costs" (your payments) reach a total of $2,000		
Tier 1 – Preferred Generic	**Not available**	**Not available**
Tier 2 – Generic	**Not available**	**Not available**
Tier 3 – Preferred Brand	**Not available**	**Not available**
Tier 4 – Non-Preferred Brand	**Not available**	**Not available**
Tier 5 – Specialty Tier	**Not available**	**Not available**
Tier 6 – Select Care	**Not available**	**Not available**
Catastrophic Coverage You are in this stage after your year-to-date "out-of-pocket costs" (your payments) reach a total of $2,000	**Central Health Valor Care Plan does not have Part D coverage**	

Extra Benefits	Central Health Valor Care Plan (HMO) (30)
24/7 Telehealth	**$0 copay**
Acupuncture* • Medicare-covered acupuncture • Routine acupuncture	**$0 copay** **$0 copay** **Up to 30 visits every year combined with Routine Chiropractic services.**
Chiropractic Services* • Medicare-covered chiropractic care • Routine chiropractic care	**$0 copay** **$0 copay** **Up to 30 visits every year combined with Routine Acupuncture services.**
Durable Medical Equipment (DME)*	**$0 - 20% coinsurance**
Gym Membership*	**$0 copay**
Meals (Made Easy Meals)*‡	**Receive 15 meals each week, for 6 weeks (90 total meals) for a $0 copay per meal. Meal delivery is included 1 time per week. Receive up to 30 additional meals for a $5 copay per meal.**
Personal Emergency Response System (PERS)*	**$0 copay**
Worldwide Emergency Care • Urgent Care • Emergency Room • Emergency Transportation	**$125 copay** **Coverage up to $50,000**

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

Extra Benefits	Central Health Valor Care Plan (HMO) (30)
Optional Supplemental Enhanced Dental Benefits	Additional dental coverage is available for $21 per month. Coverage is up to $1,500 per year for non-network providers Preventive dental services: 10% coinsurance Comprehensive dental services: 70% coinsurance