CENTRAL HEALTH MEDICARE PLAN

Central Health Valor Care Plan (HMO) offered by Central Health Medicare Plan

Annual Notice of Changes for 2025

You are currently enrolled as a member of Brand New Day Valor Care Plan (HMO). Next year, there will be changes to the plan's costs and benefits*.* ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.centralhealthplan.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*).

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to medical care costs (doctor, hospital).
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check to see if your primary care doctors, specialists, hospitals, and other providers will be in our network next year.

☐ Think about whether you are happy with our plan.

2 COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in Central Health Valor Care Plan (HMO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025.** This will end your enrollment with Central Health Valor Care Plan (HMO).
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- This document is available for free in Spanish.
- This document is available for free in Chinese.
- Please contact our Member Services number at (866) 314-2427 for additional information. (TTY users should call 711.) Hours are 8 a.m. – 8 p.m. PST, 7 days a week (October 1 – March 31) & Monday – Friday (April 1 – September 30). This call is free.
- This document may be available in other formats such as braille, large print or other alternate formats.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Central Health Valor Care Plan (HMO)

- Central Health Medicare Plan is an HMO/HMO SNP with a Medicare contract. Enrollment in Central Health Medicare Plan depends on contract renewal.
- When this document says "we," "us," or "our," it means Central Health Medicare Plan. When it says "plan" or "our plan," it means Central Health Valor Care Plan (HMO).
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Central Health Valor Care Plan (HMO) in several important areas. **Please note this is only a summary of costs**.

Cost	2024 (this year)	2025 (next year)
Monthly plan premium (See Section 2.1 for details.)	$0	$0
Maximum out-of-pocket amount This is the most you will pay out of pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	$3,850	$4,999
Doctor office visits	Primary care visits: $0 per visit Specialist visits: $10 per visit	Primary care visits: $0 per visit Specialist visits: $0 per visit
Inpatient hospital stays	You pay a $1,632 deductible per benefit period. You pay a $0 copay per day for days 1–60 You pay a $408 copay per day for days 61–90 You pay a $816 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).	You pay a $285 copay per day for days 1 - 6 You pay a $0 copay per day for days 7 - 90

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Central Health Valor Care Plan (HMO) in 2025

On January 1, 2025, Central Health Medicare Plan will be combining Brand New Day Valor Care Plan (HMO) with one of our plans, Central Health Valor Care Plan (HMO). The information in this document tells you about the differences between your current benefits

in Brand New Day Valor Care Plan (HMO) and the benefits you will have on January 1, 2025 as a member of Central Health Valor Care Plan (HMO).

If you do nothing by December 7, 2024, we will automatically enroll you in our Central Health Valor Care Plan (HMO). This means starting January 1, 2025, you will be getting your medical coverage through Central Health Valor Care Plan (HMO). If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for "Extra Help," you may be able to change plans during other times.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0
Part B Premium Rebate One of the benefits our plan includes is a Part B Premium Rebate. This means that each month the amount displayed will be automatically applied to your Part B Premium, increasing your Social Security check each month.	$85	$75
Optional Supplemental Enhanced Dental Benefits Package Monthly Premium	The Optional Supplemental Enhanced Dental Benefit Package is not available	$21

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out of pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	$3,850	$4,999 Once you have paid $4,999 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 2.3 – Changes to the Provider Network

Updated directories are located on our website at www.centralhealthplan.com. You may also call Member Services for updated provider information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 2.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
Inpatient Hospital Care	$1,632 deductible $0 copay per day for days 1–60 $408 copay per day for days 61–90 You pay a $816 copay per lifetime reserve day.	You pay a $285 copay per day for days 1 - 6. You pay a $0 copay per day for days 7 - 90. You pay a $0 copay per lifetime reserve day.

Cost	2024 (this year)	2025 (next year)
Inpatient Services in a Psychiatric Hospital	$1,632 deductible $0 copay per day for days 1–60 $408 copay per day for days 61–90 You pay a $816 copay per each lifetime reserve day	You pay a $285 copay per day for days 1 - 6. You pay a $0 copay per day for days 7 - 90. You pay a $0 copay per lifetime reserve day.
Emergency Care	You pay $0 copay per visit if you are admitted to the emergency room within 72 hours of a prior emergency room discharge and $120 copay per visit for all other emergency services.	You pay $0 copay per visit if you are admitted to the emergency room within 72 hours of a prior emergency room discharge and $125 copay per visit for all other emergency services.
Worldwide Emergency Coverage	You pay a $120 copay per visit for Worldwide Emergency services. You pay a $120 copay per visit for Worldwide Urgently Needed services. You pay a $120 copay per visit for Worldwide Emergency Transportation services. There is a maximum plan benefit coverage amount of $50,000 for worldwide emergency services, worldwide urgently needed services and worldwide emergency transportation services combined.	You pay a $125 copay per visit for Worldwide Emergency services. You pay a $125 copay per visit for Worldwide Urgently Needed services. You pay a $125 copay per visit for Worldwide Emergency Transportation services. There is a maximum plan benefit coverage amount of $50,000 for worldwide emergency services, worldwide urgently needed services and worldwide emergency transportation services combined.

Cost	2024 (this year)	2025 (next year)
Occupational Therapist	You pay a $10 copay for each therapy visit for occupational therapy.	You pay a $0 copay for each therapy visit for occupational therapy.
Specialist Visits	You pay a $10 copay for office visits with a specialist.	You pay a $0 copay for office visits with a specialist.
Outpatient Mental Health Care	You pay a $30 copay per visit for individual sessions. You pay a $30 copay per visit for group sessions.	You pay a $0 copay per visit for individual sessions. You pay a $0 copay per visit for group sessions.
Other Health Care Professional Services	You pay a $10 copay for office visits with other health care professionals.	You pay a $0 copay for office visits with other health care professionals.
Physical Therapy and Speech-Language Pathology Services	You pay a $10 copay for each visit with a physical therapist or speech-language pathologist.	You pay a $0 copay for each visit with a physical therapist or speech-language pathologist.
Outpatient Diagnostic Radiological Services	You pay a $50 copay for MRI, CT, and PET scans.	You pay a $100 copay for MRI, CT, and PET scans.
Outpatient Hospital Observation	You pay $0 coinsurance for diagnostic mammograms, DEXA scans, and colonoscopies in an outpatient setting and 20% coinsurance for all other services.	You pay a $0 copay for diagnostic colonoscopies in an outpatient setting and a $295 copay for all other services.

Cost	2024 (this year)	2025 (next year)
Outpatient Hospital Services	You pay a $0 copay for diagnostic mammograms, DEXA scans, and colonoscopies in an outpatient setting and a 20% copay for all other services.	You pay a $0 copay for diagnostic colonoscopies in an outpatient setting and a $295 copay for all other services.
Outpatient Surgery and Ambulatory Surgical Center (ASC)	You pay a $0 copay for diagnostic mammograms, DEXA scans and colonoscopies in an ASC setting and a $100 copay for all other services.	You pay a $0 copay for ambulatory surgical center services.
Transportation	You pay a $0 copay for 12 one-way non emergency transportation trips. Prior Authorization may be required.	Not covered
Enhanced Disease Management	Not covered	You pay a $0 copay.
Preventive and Comprehensive Dental Services	Preventive Services: Oral Exams: You pay a $0 copay Prophylaxis (Cleaning): You pay a $0 copay Fluoride Treatment: You pay a $0 copay Dental X-Rays: You pay a $0 copay Comprehensive Services: Non-routine Services:	Preventive Services: Oral Exams: You pay a $0 copay Prophylaxis (Cleaning): You pay a $0 copay Fluoride Treatment: You pay a $0 copay Dental X-Rays: You pay a $0 copay Other Preventive Dental Services: You pay a $0 - $20 copay

Cost	2024 (this year)	2025 (next year)
	You pay a $0 - $300 copay Diagnostic Services: You pay a $0 - $6 copay Restorative Services: You pay a $25 - $400 copay Endodontics: You pay a $25 - $720 copay Periodontics: You pay a $0 - $780 copay Extractions: You pay a $0 - $360 copay Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services: You pay a $0 - $2,160 copay There is no maximum plan benefit limit for preventive or comprehensive dental services. Prior Authorization may be required. Referral may be required.	<u>Comprehensive Services:</u> Adjunctive General Services: You pay a $0 - $300 copay Diagnostic Services: You pay a $0 - $6 copay Restorative Services: You pay a $25 - $400 copay Endodontics: You pay a $25 - $720 copay Periodontics: You pay a $0 - $780 copay Prosthodontics, removable: You pay a $0 - $600 copay Prosthodontics, fixed: You pay a $0 - $840 copay Implants: You pay a $45 - $2,160 copay Oral and Maxillofacial Surgery: You pay a $0 - $380 copay There is no maximum plan benefit limit for preventive or

Cost	2024 (this year)	2025 (next year)
		comprehensive dental services. Prior Authorization may be required. Referral is not required.
Hearing Aids	You pay a $149 copay per Basic Model Aid.	You pay a $49 copay per aid for Entry Model aids You pay a $149 copay per aid for Basic Model aids You pay a $449 copay per aid for Prime Model aids You pay a $849 copay per aid for Preferred Model aids You pay a $1,049 copay per aid for Advanced Model aids You pay a $1,549 copay per aid for Premium Model Aids

Cost	2024 (this year)	2025 (next year)
Optional Supplemental Enhanced Dental Benefit	The Optional Supplemental Enhanced Dental Benefit Package is not available	**Premium:** $21 **Out-of-Network:** Oral Exams: You pay 10% coinsurance Dental X-Rays: You pay 10% coinsurance Other diagnostic dental services: You pay 10% coinsurance Prophylaxis (cleaning): You pay 10% coinsurance Fluoride Treatment: You pay 10% coinsurance Other preventive dental services: You pay 10% coinsurance Restorative services: You pay 70% coinsurance Endodontics: You pay 70% coinsurance Periodontics: You pay 70% coinsurance Prosthodontics, removable: You pay 70% coinsurance Implant Services: You pay 70% coinsurance Prosthodontics, fixed: You pay 70% coinsurance Oral and maxillofacial surgery: You pay 70% coinsurance

Cost	2024 (this year)	2025 (next year)
		Adjunctive general services: You pay 70% coinsurance Annual benefit limit for out-of-network services: $1,500

SECTION 3 Administrative Changes

Description	2024 (this year)	2025 (next year)
Your Contract/Plan Benefit Package (PBP) has changed	H0838-048-000	H5649-030-000

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Central Health Valor Care Plan (HMO)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Central Health Valor Care Plan (HMO).

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 6), or call Medicare (see Section 8.2).

As a reminder, Central Health Medicare Plan offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Central Health Valor Care Plan (HMO).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Central Health Valor Care Plan (HMO).

- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 5 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2025.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In California, the SHIP is called Health Insurance Counseling & Advocacy Program (HICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Health Insurance Counseling & Advocacy Program (HICAP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222. You can learn more about Health Insurance

Counseling & Advocacy Program (HICAP) by visiting their website (https://www.cahealthadvocates.org/HICAP/).

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
    - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office.
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the California Department of Public Health, Center for Infectious Diseases, Office of AIDS. **Note:** To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-844-421-7050.

SECTION 8 Questions?

Section 8.1 – Getting Help from Central Health Valor Care Plan (HMO)

Questions? We're here to help. Please call Member Services at (866) 314-2427. (TTY only, call 711.) We are available for phone calls 8 a.m. – 8 p.m. PST, 7 days a week

(October 1 – March 31) & Monday – Friday (April 1 – September 30). Calls to these numbers are free.

Read your 2025 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the 2025 *Evidence of Coverage* for Central Health Valor Care Plan (HMO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.centralhealthplan.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit Our Website

You can also visit our website at www.centralhealthplan.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 8.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2025*

Read the *Medicare & You 2025* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) 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.